NEW STUDENT SCH	OOL ENROLLMENT FORM-		_ School Year	
PARENT'S NAME		DATE		
ADDRESS		PHONE		
CITY	STATE	ZIP		
NUMBER OF CHILDREN IN YO	UR FAMILY:			
# IN ELEMENTARY SCHOOL:_	# IN HIGH SCHOOL:_	# IN COI	LLEGE:	
Please supply information reques	sted below on new enrollees. (Al	l information is	confidential)	
NAME	GRADE _	DOI	3	
BIRTHPLACE	BAPTISM LOCATION	N		
BAPTISM DATE				
**********	**********	******	*********	
NAME	GRADE NEXT YEAR	D()B	
BIRTHPLACE	DATE/PLACE OF BA	PTISM		
**********	**********	******	**********	
NAME	GRADE NEXT YEAR	DC)B	
BIRTHPLACE	DATE/PLACE OF BA	PTISM		
**********	*********	******	**********	
NAME	GRADE NEXT YEAR	tD()B	
BIRTHPLACE_ ************	DATE/PLACE OF BA	PTISM		
MARITAL STATUS OF PAREN		******	**********	
SINGLE MARRIED	SEPARATED	DIVORCED	WIDOWED	
LIST THE CHURCH MEMBERSI	HIP OF:			
FATHER	MOTHER			
CHILDREN				
SIGNATURE OF PARENT OR G				
SIGNATURE OF PARENT OR G				