



STUDENT REGISTRATION FORM 2024-25

Last Name:	First Name:	MI:	Date of Birth:
Class Entering & Start Date:	Social Security #	Gender:	
Address:	City:	State:	Zip:
Home Phone:	Home Email:		
Father's Name/Home #	Father's Employer: Work #	Father's Cell #	Father's Email:
Mother's Name/Home #	Mother's Employer: Work #	Mother's Cell #	Mother's Email:
Emergency Contact 1:	Emergency Phone 1:	Emergency Phone 2:	
Doctor's Office:	Doctor's Phone #		
Dentist's Name:	Dentist's Phone #		
Sibling 1/Grade:	Sibling 2/Grade:	Sibling 3/Grade:	
Previous School (if any):	Previous School Address:	Previous School	
Previous Grade:	Reason for Leaving:		
Does your child attend Church Regularly?			
Church Name:		Church Address:	
Special Health/Allergy Concerns:			
Behavioral Concerns:			
Academic Concerns:			
How did you hear about Little Shepherds?			
Days and Hours of Attendance:			

For Office Use Only:
Universal Health Record:
Immunization Records:
Date Received:
Date Entered:
Entered By: <small>© 2024 Little Shepherds, Inc. Washington, NJ 07882 www.LittleShepherds.org</small>