

Current Information Form ZION LUTHERAN SCHOOL
Rapid City, SD 57701

Grade: _____ AGE: _____ Birthdate: _____

Name: _____
(Last) (First) (Middle)

Address: _____

Zip Code

Email _____

Ethnic: Hispanic or Latino _____ Asian _____

American Indian or Alaska Native _____

Black or African American _____

Hawaiian/Pacific Islander _____ White _____

Neighborhood School _____

Church Membership _____

Father Name _____

Address _____

Home Number and/or Cell # _____

Occupation & Phone # _____

Mother Name _____

Address _____

Home Number and/or Cell # _____

Occupation & Phone # _____

Guardian Name _____

Phone Numbers _____

Occupation _____

Emergency Name & Numbers _____

Information will be published in directory unless otherwise noted:

Allergies, daily meds:

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