

ZION LUTHERAN SCHOOL & PRESCHOOL
4550 South Highway 16
Rapid City, SD 57701

Telephone: 605-342-5749
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Email: zionschool@zionrc.org.com
Web: zionrc.org

QUESTIONNAIRE FOR THE MASTER RECORD

The school must keep a record of significant information about your child. Please assist by completing this form and returning it to the school as soon as possible.

Date: _____

Name of Pupil: _____

LAST

FIRST

MIDDLE

Male: _____ **Female:** _____ **Date of Birth:** _____ **Place of Birth:** _____

Address: _____

STREET

CITY/ZIP

Telephone: _____

HOME/CELL/WORK

Email: _____ **Social Security Number:** _____

HOUSEHOLD

Ethnic Group: Hispanic or Latino _____ American Indian/Alaska Native _____ Asian _____

Black or African American _____ Native Hawaiian/Pacific Islander _____ White _____

Date of Baptism: _____ **Church where Baptized:** _____ **City & State:** _____

LIST THE SCHOOLS WHICH THE PUPIL PREVIOUSLY ATTENDED:

Grade(s): _____ **Name & Location of School:** _____

Grade(s)	Name & Location of School

INFORMATION CONCERNING THE FAMILY:

Father's Name:	Mother's Name:	Brothers & Sisters: Age & Date of Birth:
Father's Occupation:	Mother's Occupation	
Church Membership:	Church Membership:	
Native Country:	Native Country:	
Living:	Living:	

PLEASE ADD ANY INFORMATION THAT MAY BE HELPFUL TO YOUR CHILD'S TEACHER

Such as: Allergies, Special Fears, etc.

DOES THE SCHOOL NEED TO BE AWARE OF:

A Restraining Order: yes _____ no _____ **Custody Papers:** yes _____ no _____

If yes to these questions: ZION WILL NEED COPIES OF THESE DOCUMENTS FOR YOUR CHILD'S FILE.