



LUTHERAN SCHOOL <sup>†</sup>CLC  
MUSTANGS

N1529 State Road 73  
Markesan, WI 53946  
920-398-3171  
church@markesanlutheran.com

**Application for Enrollment**

Student Name \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

Birth Date \_\_\_\_\_ Baptized Yes \_\_\_\_\_ No \_\_\_\_\_

Date of Application \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Previous schools attended \_\_\_\_\_ Grade(s) \_\_\_\_\_

\_\_\_\_\_ Grade(s) \_\_\_\_\_

\_\_\_\_\_ Grade(s) \_\_\_\_\_

\_\_\_\_\_ Grade(s) \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation \_\_\_\_\_

Father's Employer \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation \_\_\_\_\_

Mother's Employer \_\_\_\_\_

Church Affiliation \_\_\_\_\_

Name of Congregation \_\_\_\_\_

Please list all other children in the family.

Name	Age	Grade	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____