

Unity Lutheran Christian Elementary School

A Mission Outreach of the Southern Illinois District – LCMS

REGISTRATION FORM 2026-2027

Parent/ Guardian's Name: _____

First

Middle

Last

Parent/ Guardian's Name: _____

First

Middle

Last

Street Address: _____

City, State, Zip: _____

Phone: _____

Home

Cell

Email: _____

FULL NAME OF CHILD (include middle name)	M OR F	SOCIAL SECURITY NUMBER	GRADE ENTER- ING	DATE/PLACE OF BIRTH	DATE/PLACE BAPTIZED

LAST SCHOOL CHILD ATTENDED _____

CHILD LIVES WITH _____ MOTHER _____ FATHER _____ BOTH _____ GUARDIAN

CHURCH MEMBERSHIP _____

Name of Church Location

