



**REDEEMER LUTHERAN SCHOOL**  
**Home of the Bears**

6970 Mineola Rd  
Englewood, FL 34224  
Phone: 941-475-2410  
Fax: 941-475-9726  
Email: [redemerflschool@gmail.com](mailto:redemerflschool@gmail.com)

Enrollment Date \_\_\_\_\_ Grade \_\_\_\_\_

Child's Name \_\_\_\_\_  Male  Female

Date of Birth \_\_\_\_\_ Birth Place \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City / State / Zip

**Parent/Guardian Information**

**FATHER**

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Employer \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

**MOTHER**

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Employer \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Please Circle One:    Single    Married    Separated    Divorced    Widow(er)

Child Lives With:     Both Parents     Mother     Father     Grandparents

Other: \_\_\_\_\_

Names and Ages of Siblings \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contacts:**

\_\_\_\_\_  
Name Home Phone Cell Phone Relationship to Child

\_\_\_\_\_  
Name Home Phone Cell Phone Relationship to Child

\_\_\_\_\_  
Name Home Phone Cell Phone Relationship to Child

\_\_\_\_\_  
Name Home Phone Cell Phone Relationship to Child

Student will normally:  Attend before care.  Attend aftercare.

Be present during school hours and be picked up by

\_\_\_\_\_

Church Membership: \_\_\_\_\_  
Name of Church City/State

Student Transferred from

School \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_

**I hereby make application for my child to attend Redeemer Lutheran School. I understand that if my child is enrolled, I must supply the school with the information needed to care for my child. I agree to follow the rules and regulations within the school handbook.**

\_\_\_\_\_  
Parent Signature Date