



First English Lutheran Church
 2018-19 Sunday School
 Student Information Form



Student's name: _____ Date of birth: _____

Student's nickname: _____

Student identifies as: _____ Female _____ Male _____ Other (preferred pronoun) _____

Grade in the fall: _____ School child attends: _____

Student primarily resides with: _____ Mom _____ Dad _____ Both _____ Other

If other specify name & relationship _____

Is the contact information the same for both parents?: _____ Yes _____ No

Would you like your primary contact to be: _____ Mom _____ Dad _____ Both _____ Other

Mom's name: _____

Cell phone: _____

Email: _____

Home phone: _____

Address: _____

Work phone: _____

Ok to text?: _____ Yes _____ No

Dad's name: _____

Cell phone: _____

Email: _____

Home phone: _____

Address: _____

Work phone: _____

Ok to text?: _____ Yes _____ No

Other name: _____

Cell phone: _____

Email: _____

Home phone: _____

Address: _____

Work phone: _____

Ok to text?: _____ Yes _____ No

Worship site: _____ Downtown Site _____ North Site

Are you new to First English? _____ Yes _____ No If yes, tell us a bit about your family:



Learning more about your child before Sunday School begins can enrich our class time considerably. We can't wait to spend this year learning about Jesus together!

I would describe my child's personality as:

In social situations my child behaves:

Some adults that are really important to my child are:

My child's attitude about school:

Sunday School:

My child has the following allergies or other medical concerns:

These are my child's friends at church:

My child's favorite way to learn is:

Sometimes students have a tough day in the classroom and need additional support.

If this is the case for my child the best thing to do is:

When my child needs additional help I would like you to connect with this parent/caregiver:

Our favorite way to learn about and discuss God in our home:

Other comments and/or concerns:

Thanks! We're glad you're here!