

**BETHESDA LUTHERAN SCHOOL AND ELC**  
**NEW & RETURNING STUDENT INFORMATION**  
2021-2022

**FORM 2**

1537 Baltimore Avenue Hot Springs, SD 57747 Office: 605-745-4834 School: 605-745-6676  
Email: [bethesda@gwtc.net](mailto:bethesda@gwtc.net) Website: bethesdahssd.org Fax: 605-745-6676

**\*\*Returning Students—Only update information sections below that have changed.**

Applying for Grade: \_\_\_\_\_ School Year: \_\_\_\_\_  
Student's Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Sex: M F US Citizen: Y N  
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Baptism Date: \_\_\_\_\_ Home Church: \_\_\_\_\_  
Resident of School District: \_\_\_\_\_  
Parents' Marital Status: Married living together \_\_\_ Married living apart \_\_\_ Divorced \_\_\_ Widowed \_\_\_  
If divorced, who has legal custody of the student? Father \_\_\_ Mother \_\_\_ Joint \_\_\_  
Who does the student live with? Father \_\_\_ Mother \_\_\_ Joint \_\_\_

**FATHER/GUARDIAN**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Bethesda Lutheran Church Member? Yes \_\_\_ No \_\_\_ Member of Another Church? Yes \_\_\_ No \_\_\_  
If yes, please name the church \_\_\_\_\_

**MOTHER/GUARDIAN**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Bethesda Lutheran Church Member? Yes \_\_\_ No \_\_\_ Member of Another Church? Yes \_\_\_ No \_\_\_  
If yes, please name the church \_\_\_\_\_

**STEPFATHER**

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Phone: \_\_\_\_\_

**STEPMOTHER**

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Phone: \_\_\_\_\_

**LAST SCHOOL ATTENDED**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**SIBLINGS**

Name & Current Grade

- |          |          |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |