



Tracey Markut - Admissions Counselor  
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## School Information Request Form

### Parent/Guardian Information

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Primary Phone Number \_\_\_\_\_ Primary E-mail \_\_\_\_\_  
 How did you hear about DRLS? \_\_\_\_\_

### Student(s) Information

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Entering Grade \_\_\_\_\_  
 Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Entering Grade \_\_\_\_\_  
 Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Entering Grade \_\_\_\_\_  
 Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Entering Grade \_\_\_\_\_  
 Check the school year that is of interest to you family:  2016/2017  2017/2018

Current family church membership: \_\_\_\_\_

Present attending school: \_\_\_\_\_

Student(s) Interests:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Print out this form and return it to the school office or e-mail it to tracey.markut@drlc.org.