



**STUDENT REGISTRY:**  
**Lutheran Campus Ministry: Eastern Synod, ELCIC**  
**Specialized Ministries Committee**

**Return to:** **Pastor Kevin Baglole**  
 12 Hyde Park Ave., Hamilton, ON L8P 4M5

**Or email the information to:** [kjbaglole@alumni.uwaterloo.ca](mailto:kjbaglole@alumni.uwaterloo.ca)

- Please, provide the information requested for each student from your congregation who will be attending a post-secondary institution this fall.
- Partial information is helpful; so don't wait until all the information is available. Send in this *Student Registry Form* by **September 15**.
- If there are no post-secondary students in your congregations, please indicate that on this form and return. Thank you.

**CONGREGATION:** \_\_\_\_\_

Information prepared by: \_\_\_\_\_

Information	Student 1.	Student 2.
Name		
College or University		
Academic Program		
New -or- Returning	<input type="checkbox"/> New -or- <input type="checkbox"/> Returning	<input type="checkbox"/> New -or- <input type="checkbox"/> Returning
Home Address		
Home Phone		
School Address		
School Phone		
School E-mail		
Birthday		
<b>PLEASE COPY:</b> [A] For your files (so you can send your students Newsletters, birthday cards, etc.). [B] If you need more space. [C] So you can send us additional information.		



**STUDENT REGISTRY:**  
**Lutheran Campus Ministry: Eastern Synod, ELCIC**  
**Specialized Ministries Committee**

**Return to:** **Pastor Kevin Baglole**  
 12 Hyde Park Ave., Hamilton, ON L8P 4M5

**Or email the information to:** [kjbaglole@alumni.uwaterloo.ca](mailto:kjbaglole@alumni.uwaterloo.ca)

- Please, provide the information requested for each student from your congregation who will be attending a post-secondary institution this fall.
- Partial information is helpful; so don't wait until all the information is available. Send in this *Student Registry Form* by **September 15**.
- If there are no post-secondary students in your congregations, please indicate that on this form and return. Thank you.

**CONGREGATION:** \_\_\_\_\_

Information prepared by: \_\_\_\_\_

Information	Student 1.	Student 2.
Name		
College or University		
Academic Program		
New -or- Returning	<input type="checkbox"/> New -or- <input type="checkbox"/> Returning	<input type="checkbox"/> New -or- <input type="checkbox"/> Returning
Home Address		
Home Phone		
School Address		
School Phone		
School E-mail		
Birthday		
<b>PLEASE COPY:</b> [A] For your files (so you can send your students Newsletters, birthday cards, etc.). [B] If you need more space. [C] So you can send us additional information.		