



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: 2018/2019 2019/2020

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.