

**STUDENT APPLICATION
& REGISTRATION**



Today's Date

Name of Person enrolling student(s)

Relationship to student(s)

	Parent / Guardian (Mother)	Parent / Guardian (Father)
First Name		
Last Name		
Relationship to student		
Street Address		
City, State, Zip		
Home Phone		
Work Phone		
Cell Phone		
Occupation		
Employer		
Business Address		
E-mail		
Which parent should be called 1 st , 2 nd , or other		

	Emergency Contact Person #1	Emergency Contact Person #2
First Name		
Last Name		
Relationship to student		
Street Address		
City, State, Zip Code		
Home Phone		
Cell Phone		
Work Phone		

Name of Family Doctor: _____

Phone Number: _____

- I give my permission to include our name, phone number, address in the School Directory Yes No
- I am interested in volunteering at the school in the following way(s): _____

DEPOSIT REQUIRED: Please attach a check for **\$250 (per family)** for new enrollment families and those who are re-registering. This deposit will be applied towards your annual tuition for the new school year.

FINANCIAL ASSISTANCE: Forms are available in the office upon request and are due by May 1st. Scholarship grants do not exceed 50% of a family's tuition fee. Applications are subject to review by the Scholarship Committee.

- Office Use:**
- FD
 - PHB Roster
 - PHB Distrib.
 - G-E-mail
 - LunchCard
 - SimpleRoster
 - FileFolder
 - MCIR
- FD Activation Code: _____

Deposit: _____

Student Application (please enter all information; you may use "same" if duplicate information)

Grade level: (complete this section)	Student #1		Student #2		Student #3	
	Current Grade (today):	Grade to be enrolled in (September):	Current Grade (today):	Grade to be enrolled in (September):	Current Grade (today):	Grade to be enrolled in (September):
Note: All NEW & Kindergarten students are required to submit a copy of their birth certificate & have their immunizations current. Kindergarten students must also submit a "Hearing & Vision" screening and "Health Appraisal" forms prior to the first day of school.						
Student's Legal Name						
Student Status	<input type="checkbox"/> New Student <input type="checkbox"/> Returning Student		<input type="checkbox"/> New Student <input type="checkbox"/> Returning Student		<input type="checkbox"/> New Student <input type="checkbox"/> Returning Student	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Ethnicity						
Date of Birth						
Place of Birth <i>attach copy of birth certificate for new students</i>						
Student lives with (check all that apply)	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Others:	<input type="checkbox"/> Step-father <input type="checkbox"/> Step-mother	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Others:	<input type="checkbox"/> Step-father <input type="checkbox"/> Step-mother	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Others:	<input type="checkbox"/> Step-father <input type="checkbox"/> Step-mother
Medical Brief (check if applicable)	<input type="checkbox"/> Allergies <input type="checkbox"/> Daytime prescription <input type="checkbox"/> Other:		<input type="checkbox"/> Allergies <input type="checkbox"/> Daytime prescription <input type="checkbox"/> Other:		<input type="checkbox"/> Allergies <input type="checkbox"/> Daytime prescription <input type="checkbox"/> Other:	
School of Origin (public school for your area)						
Present School / Address						
Present Church / Address						

THIS FORM MUST BE READ AND SIGNED BY BOTH PARENTS (OR GUARDIANS)

We understand and fully appreciate that the course of instruction offered by St. John's Lutheran School is very important to our child. In addition to the courses prescribed by the public school system, it also offers our child invaluable Christian training. In order to accomplish this, St. John's Lutheran School must have the cooperation of the home. We therefore pledge our full and active support to the Faculty and the Board of Day School Education in carrying out the Christian philosophy and objectives of St. John's Lutheran School and promise to do the following:

1. **We pledge that we will set our child an example of Christian living by regular attendance at Church services, and by putting to practice what we learn and know to be the will of God.**
2. **We will accept the faculty of St. John's Lutheran School as God's representatives while our child is at school, even as we are God's representatives to our child, and to support school discipline and to set our child a good example of respect for his teachers.**
3. **We agree to pay all fees and charges on time, meet our financial obligations to the church, and feel it our responsibility to attend PTL meetings.**

We hereby make application for the enrollment of our child in St. John's Lutheran School.

Parent's Signature: _____

Date: _____

Parent's Signature: _____

Date: _____