



# ST. PAUL LUTHERAN SCHOOL

*Equipping Children for **LIFE***

“The Mission of St. Paul Lutheran Church and School is to Equip, Support, Serve, and Witness Where God Calls Us.”

Date: \_\_\_\_\_ Grade Applying For: \_\_\_\_\_ Referred by: \_\_\_\_\_

If Applying for *Preschool* – What Sessions are you interested in:

\_\_\_\_\_ AM Session M T W T H F \_\_\_\_\_ PM Session M T W T H F

Student’s Name: (Last, First, Middle) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

DOB: \_\_\_\_\_ Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Gender: M \_\_\_ F \_\_\_ Applicant lives with: both parents \_\_\_ mother \_\_\_ father \_\_\_ guardian Who has **custody**? \_\_\_\_\_

Church Affiliation of Applicant: \_\_\_\_\_  
(name & location of your congregation)

Is student baptized? Yes \_\_\_ No \_\_\_

**Father's Name:** \_\_\_\_\_

Address if different: \_\_\_\_\_

Place of work: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_ Email: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

Address if different: \_\_\_\_\_

Place of work: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_ Email: \_\_\_\_\_

**Guardian's Name:** \_\_\_\_\_

Address if different: \_\_\_\_\_ Email: \_\_\_\_\_

Place of work: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

Person to call if parents cannot be reached: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Doctor to call if needed: \_\_\_\_\_ Doctor phone number ( ) \_\_\_\_\_

Please list any medication that your child takes regularly:

*(Any medication needed by your child – prescription or over the counter – must be given to the school office. Prescription medications must be in original containers with complete pharmacy label and/or doctor’s note. Other medications or supplements (over the counter) must be in the original bottle or container. All students taking any kind of medication must have a medication form on file. St. Paul Lutheran School cannot assume any responsibility for medications or their effects upon the child.)*

“Equip, Support, Serve, Witness Where God Calls Us”

Please list:

Asthma: \_\_\_\_\_ Diabetes: \_\_\_\_\_

Allergies: \_\_\_\_\_

First person to call in case of emergency: Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Please list any people that we **should not** release your child to during the school day: \_\_\_\_\_

Please list schools previously attended (list most recent school first):

\_\_\_\_\_  
(name of school) (school district or city) (grades attended)

\_\_\_\_\_  
(name of school) (school district or city) (grades attended)

\_\_\_\_\_  
(name of school) (school district or city) (grades attended)

In what public school district do you currently live? \_\_\_\_\_

Has the child repeated any grade? \_\_\_\_\_ If so, state the grade and reason: \_\_\_\_\_

Has the child had any disciplinary difficulty in school? If yes, please explain: \_\_\_\_\_

Has the student ever been certified for special educational services? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

**FOR PARENTS:** Please state why you would like your son or daughter to attend St. Paul Lutheran School.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Registration fees** are due with application. Registration fees are non-refundable.  
Final acceptance is determined after the first quarter.

**Signature of parent or guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of parent or guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*St. Paul Lutheran School does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational policies, admissions policies, or other school administered programs.*

