



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 ___ **Baptism Date:** _____

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.)

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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)

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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. **Birth Certificate is required for new students.**
Final acceptance is determined after the first quarter.

Signature of parent or guardian: _____ Date: _____

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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.

