

APPLICATION FOR ENROLLMENT (please circle one)

For Grade (Preschool T/TH, MWF AM OR PM, K am, K pm, 1, 2, 3, 4, 5, 6, 7, 8)

School Year: _____

Please complete all sides of this application and return it to the school office at 4715 Frederick Ave., St. Joseph, MO 64506. The proper registration fee must accompany your application for it to be considered valid. This registration fee is refundable only if the family is not accepted or they move out of town.

STUDENT INFORMATION:

Name: _____

Gender: _____

Address: _____

Public School you would attend _____

Home Phone Number: _____

City State Zip

Parent Cell Phone Number _____

Birth Date: _____

Baptism Date: _____

Church Where Baptized: _____

E-mail address _____

PARENT INFORMATION:

Father: _____

Mother: _____

Occupation: _____

Occupation: _____

Employer: _____

Employer: _____

Work Number: _____

Work Number: _____

Home Address: _____

Home Address: _____

(If different from student)

(If different from student)

Marital Status: (Mar. Sep. Div. Sing. Wid.)

Marital Status: (Mar. Sep. Div. Sing. Wid.)

Church: _____

Church: _____

Pastor: _____

Pastor: _____

Member: Yes or No

Member: Yes or No

Regularly Attend Worship: Yes or No

Regularly Attend Worship: Yes or No

FAMILY INFORMATION:

Other children in family: (Names and ages) _____

If there has been a separation or divorce with whom is the child living? _____

If the child is living with someone other than the parents, complete this section.

Name: _____ Relationship: _____

Address: _____ Phone Number: _____

_____ Church: _____
City State Zip

Persons Authorized to take Child from Facility: _____

PREVIOUS SCHOOL INFORMATION: (Not Applicable to Preschool)

If your child is transferring from another school, please complete this section:

Name of School: _____ District: _____

Address: _____ Principal: _____

_____ Grade: _____
City State Zip

Date last attended: _____

Reason for transferring to St. Paul Lutheran School: _____

OTHER INFORMATION: (Please check one)

Photo Permission Release: I Do _____ Do Not _____ give consent for my child’s picture to be used publicly in displays while involved in school related activities. This may include our web-site.

Phone Number & Address Release: I Do _____ Do Not _____ give consent for our phone number and address to be printed on a school directory.

Field Trip Permission: I Do _____ Do Not _____ give consent for my child to take part in field trips or excursions with the school with proper supervision. It is my understanding that I will be notified when such trips are planned.

In accordance with state guidelines, students must have attained the age appropriate for the class in which they want to enroll by August 1 of that year.

Immunization records are required for all students. Incoming Kindergarten students need the Series 3 Hepatitis immunization.

Tuition is charged to every child, and is due on the first day of each month (August through May). Delinquent accounts may result in the termination of services.

We pledge our full support of the program of Christian education provided for our child/children in the school program of St. Paul Lutheran and accept our financial responsibility through tuition payments to the school.

Signature of Parent or Guardian

Date

St. Paul Lutheran School admits students of any race, color, and national or ethnic origin.

(To be completed by the office)

Date Received _____ Accepted _____ Not Accepted _____

Registration Fee Paid \$ _____ Date _____ Check # _____