



Registration

Pre-S / Pre-K _____ Gr. K-8 _____ Grade School Only / Last Grade Completed: _____

Date _____ Child's Name _____ Date of Birth _____

Address _____ MALE _____ FEMALE _____

City & State _____ Zip Code _____

Child resides with: MOM DAD STEPMOM STEPDAD GRANDMOTHER GRANDFATHER
GUARDIAN Other: _____

Primary Contact _____ **Relationship** _____

Address _____

Street Apt # _____ City _____ State _____ Zip Code _____

Phone: (Check primary day phone) Home _____ Work _____

Cell _____

Email _____

Marital Status _____

Secondary Contact _____ **Relationship** _____

Address _____

Phone: (Check primary day phone) Home _____ Work _____

Cell _____

Email _____

Marital Status _____

Child's Medical Conditions, Allergies, etc. : _____

Current School (if applicable): _____ Grade/Age: _____

Church Affiliation: _____

Sibling Names	Age	Grade	School/City	Male / Female

How did you hear about St. John Ev. Lutheran School? _____

Why do you want your child enrolled at St. John Ev. Lutheran School? Include any education concerns, challenges, and goals. _____

Please return this application form with the appropriate registration fee amount. Registration fees are NON-REFUNDABLE. Checks should be made out to St. John Lutheran School.

\$75 Total

I grant permission to St. John Ev. Lutheran School to use my child's work, photo, video, and / or voice in school related materials, activities, marketing materials, and presentations. I understand that photos on the web will not be identified by name.

Parent Name: _____ Date: _____

Parent Signature: _____ Relationship: _____

Applications to St. John Ev. Lutheran School will be accepted on a first come first serve basis. Acceptance will be determined by the administrator based on criteria deemed necessary that may include but not limited to the following: entrance exam, letters of recommendation, standardized test results, progress report, individualized screening.

A child will be deemed registered and enrolled at St. John Ev. Lutheran School until a formal withdrawal has been submitted by the parent or guardian of the above-mentioned child.



For Office Use:

Date of registration: _____ Intake Person: _____

Registration Due: \$ _____ Registration Amount Collected: \$ _____ Check # _____