



St. Paul Lutheran Church & School

CONNECTED IN CHRIST

2023 - 2024 Enrollment Application

Please complete both sides of enrollment application and return with registration fee to the school office.

2023-2024 Grade: _____ Full name of child: _____

Date of Birth: ____/____/____ Age : _____ Date of Baptism: ____/____/____ Not Baptized: _____

Home address: _____ City, State: _____ Zip: _____

Gender (circle one) M or F Church membership _____ in City: _____

Child's ethnic origin: African American Asian Caucasian Hispanic Native American Other

Previous school attended: _____ Dates attended: _____

Address: _____ Phone #: _____

How did you hear of St. Paul? Website Newspaper Internet search Church Other

Referral (give name)

IN THIS SECTION, PLEASE LIST PARENTS, STEPPARENTS, OR GUARDIANS WITH WHOM THE CHILD IS PRESENTLY RESIDING.

FATHER

Name: _____

Occupation: _____

Employer: _____

Home phone: _____

Work phone: _____

Cell phone: _____

MOTHER

Name: _____

Occupation: _____

Employer: _____

Home phone: _____

Work phone: _____

Cell phone: _____

Sibling Information:

Name: _____ DOB: _____ School Attending: _____

Name: _____ DOB: _____ School Attending: _____

Name: _____ DOB: _____ School Attending: _____

EMAIL INFORMATION: (To be used as a communication tool.)

Please list family email address: _____ alt . _____

NON-REFUNDABLE REGISTRATION RATE (per student) - \$160.00 (Maximum of \$320 per family)

(\$100.00 will be credited to your first month's tuition upon your registration before April 1st)

Please turn over and continue. Thank you!



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FOR OFFICE USE ONLY

Date Received: _____ Registration Fee Paid: _____ Check #: _____

Acceptance Letter Sent: _____

Original to: Secretary and entered in database _____ Copy to Principal _____

HEALTH INFORMATION

1. Are there any limitations of vision or hearing in which our school could help your child, as in proper seating assignment or other action? YES NO

If YES, please explain: _____

2. Are there any physical handicaps which would limit participation in any classroom activity? YES NO

If YES, please explain: _____

3. Has your child ever been identified with special educational needs or had an IEP or 504? YES NO

If YES, please explain: _____

4. Are there any allergies, asthma, or other complications the teacher should be aware of? YES NO

If YES, please explain: _____

STUDENT'S STATEMENT OF INTENT (Please read with your son or daughter)

1. I want to attend St. Paul Lutheran School and receive a Christ-centered education. I will participate and show reverence and respect to God in all worship services. I will strive to set a good example at all times as a Christian and a member of the body of Christ.

2. I will show proper respect for all those in authority over me at St. Paul Lutheran School, and I will obey the rules and regulations of the school.

3. I will do my best in all my school work with the abilities God has given me.

Date _____ Student's Signature _____

PARENT'S STATEMENT OF INTENT

1. We believe that PARENTS are responsible for the Christian education of their children. I understand that the function of St. Paul Lutheran School is to assist Christian families in this responsibility by helping each pupil to grow in Christian love and faith, Christian character, and academic excellence.

2. We desire a quality Christ-centered education for our child(ren). We believe that St. Paul Lutheran School will provide this type of education for our child(ren). We understand that quality Christian education includes a partnership between the parents, teachers, and the school. We will, therefore, include St. Paul Lutheran School in our prayers and seek to keep open lines of communication with the school.

3. We will fully support the school's program and will encourage our child(ren) to accept all school policies and procedures as outlined in the Student Handbook.

4. We will promptly meet our financial obligations as designated by the Board of Christian Day School and stated in the Parent Handbook.

Date _____ Parent/Guardian's Signature _____