

St. John's Lutheran School

Preschool Student Application for School Year 2018-2019

For office use only: Date/Time Rec. _____
 Birth Cert. _____ Physical _____
 Records _____ Enrollment Fee received _____
 Sycamore Code _____

STUDENT'S FULL LEGAL NAME		Last: _____	First: _____	Middle: _____
Address: _____			City/State: _____	Zip: _____
MALE FEMALE	PHONE NUMBER: _____	BIRTHDATE: (month/Day/Year) _____	PLACE OF BIRTH: (city/State) _____	CITIZEN OF: _____

ETHNIC ORIGIN: (please circle) American Indian Asian African-American Hispanic Caucasian Other

PLEASE SELECT	
3-Year-Old	4-Year-Old
_____ 2 days per week (T/TH)	_____ 2 days per week (T/TH)
_____ 3 days per week (M/W/F)	_____ 3 days per week (M/W/F)
_____ 5 days per week (M—F)	_____ 5 days per week (M—F)
_____ Full Day _____ Half Day (8:15a—3:15p)	_____ Full Day _____ Half Day (8:15a—3:15p)

PARENT INFORMATION

FULL NAME OF NATURAL FATHER: _____		FULL NAME OF NATURAL MOTHER: _____	
MARITAL STATUS: (please circle) MARRIED SEPARATED DIVORCED OTHER			
CHILD PRESENTLY RESIDES WITH: (please circle) Both Parents Mother Step-Mother Father Step-Father Guardian			
HOME TELEPHONE #: _____		HOME E-MAIL: _____	
NAME OF STUDENT'S FATHER/STEP-FATHER (please circle) _____		NAME OF STUDENT'S MOTHER/STEP-MOTHER (please circle) _____	

FATHER INFORMATION

PLACE OF EMPLOYMENT: _____	Business Phone: _____ extension _____
OCCUPATION: _____	CELL PHONE: _____

MOTHER INFORMATION

PLACE OF EMPLOYMENT: _____	Business Phone: _____ extension _____
OCCUPATION: _____	CELL PHONE: _____

(OVER)

Names and Birthdates of Siblings:		
HAS THE APPLICANT BEEN BAPTIZED? IF YES, DATE: (Month/Day/Year):	YES	NO
DENOMINATION:		

Is your child toilet trained? _____ Child's primary language spoken _____

Please list any other items concerning the applicant of which the school should be aware:
(Include in this area any specific physical, academic, or emotional needs, allergies, or medication your child is taking.)

I understand that unless I request an exemption in writing, the information provided will remain confidential and only shared with school personnel, as needed, for student's health and educational needs.

The above information is complete and accurate to the best of our knowledge:

Parent(s)/Guardian(s) Signature(s): _____ Date: _____

The appropriate Enrollment Fee of \$150 per family must accompany this application.

**We understand that the Enrollment Fee is non-refundable. Instructional fees are due by June 28. If the fees are not paid by June 28, a place may not be available for my child(ren).
First month tuition will be due August 1, 2018.**

CUSTODY INFORMATION

In cases where there is divorce, it will be necessary that a copy of court documents describing custody and visitation rights be included with this application. No child in a divorce situation will be admitted without proof of custody.