

St. John's Lutheran School

Grade K-8 Student Application for

School Year 2018-2019

Entering Grade _____

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	BIRTHDATE: (month/Day/Year)	AGE AS OF SEPT. 1	PLACE OF BIRTH: (city/State)	CITIZEN OF:
LAST SCHOOL ATTENDED:				GRADES REPEATED:
SCHOOL ADDRESS	Street:	City:	State:	Zip: PHONE #:
NAME OF ADDITIONAL SIBLINGS APPLYING:				GRADE:
NAME OF ADDITIONAL SIBLINGS APPLYING:				GRADE:
ETHNIC ORIGIN: (please circle) American Indian Asian African-American Hispanic Caucasian Other				
PUBLIC SCHOOL DISTRICT				
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 not enrolled at St. John's:

DENOMINATION:	HAS THE APPLICANT BEEN BAPTIZED? YES NO	IF YES, DATE: (Month/Day/Year)	CHURCH NAME:
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LEARNING AND HEALTH INFORMATION:

Has your child been diagnosed as having ADD, ADHD, Asperger's Syndrome, or other similar condition? Y / N If Yes, is he/she taking medication? _____ If No, what intervention is being practiced? _____

Does your child have any speech problems? Y / N If yes, please explain the nature of the problem and any intervention that is being used. _____

Does your child have any physical disabilities or limitations? Y / N If yes, please explain the nature of the disability or limitation. _____

Does your child have any diagnosed learning disabilities or an IEP (Individual Education Plan) from your public school district or your current school? Y / N If yes, please explain the nature of the disability and the interventions that are or have been used. _____

Please list any other items concerning the applicant of which the school should be aware: (Include in this are 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 Registration 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.