



APPLICATION FOR ENROLLMENT 2021-2022 KINDERGARTEN, GRADES 1-8

Please complete the Application for Enrollment Form and return it to the principal or school office as soon as possible. The registration fee is a \$200 down payment plus \$100 for each additional child with a maximum of \$400 per family. This fee is non-refundable and will be applied toward your first tuition payment for the upcoming year.

Check all that apply (used to determine enrollment priority):

- Member of St. Peter Lutheran Church
- Non-Member Student
- Previous SPLS Student
- Sibling of SPLS Student
- New Student

Name of Student (Last, First, Middle) _____

Address (Street, City, State, Zip) _____

Home Phone _____ Mother's cell phone _____

Email _____ Father's cell phone _____

Ethnicity:

- Caucasian (White)
- African American
- Native American
- Prefer not to answer
- Asian
- Hispanic
- Other _____

Male

Female

Father's Full Name _____

Address & Phone (if different from child's) _____

Father's Occupation _____ Employer _____

Work Phone _____

Father's Church Membership (if different) _____

Denomination _____

Mother's Full Name _____

Address & Phone (if different from child's) _____

Mother's Occupation _____ Employer _____

Work Phone _____

Mother's Church Membership (if different) _____

Denomination _____

Baptized? Yes No

Denomination _____

Current Church Membership

Name of Church and City _____

Denomination _____

Only NEW STUDENTS must complete this section:

Previous Schools Attended (most recent listed first)

Name and City Grades Years

MANDATORY - This application must be received back by April 15 to be eligible for the early registration discount. This application will not be considered for enrollment until a copy of the most recent **STUDENT RECORDS** are received. Please submit a signed **RECORDS REQUEST** with this application.

Does your child have an IEP (Individualized Education Program)? Yes No

Other children in the family:

Age	Name	Birth date	School	Baptized
				Yes / No
				Yes / No
				Yes / No

Parents are (check all that apply):

- Married
- Separated
- Divorced
- Remarried
- Other (please explain)

Child lives with:

- Both parents
- Father
- Mother
- Guardians
- Other (please explain)

Please list any special needs your child may have: _____

Additional Information: _____

How did you hear about us? _____

Date _____

Parent's Signature _____

Office Use Only:

Date Received: _____

Received:

- Application
- Registration Fee
- Records Request
- Previous Records