



Mount Olive Lutheran School

930 E Florida Ave
Appleton WI 54911
920-739-9194



2019-20 K-8 Registration

Date: _____

If you have students in both 3K/4K and in K-8, please complete both sides with the necessary information. Student will be registered when the completed form is returned to the school office.

Child's Name (K-8)	Ethnic Heritage	Grade (2019/20)	Date of Birth	Gender M/F
1st Child: _____	_____	_____	_____	_____
2nd Child: _____	_____	_____	_____	_____
3rd Child: _____	_____	_____	_____	_____
4th Child: _____	_____	_____	_____	_____

The K-8 tuition rates for 2019-20 school year will be posted at www.molmustangs.org/enrollment.

Parent(s) or Guardian _____

Address _____
Street City Zip Code

Phone Number _____
Preferred Alternate (if applicable)

Email _____
Preferred Alternate (if applicable)

What public school District do you reside in? _____

May we print your phone number, address, and email address in the school directory? Circle:

Phone Number Yes / No Address Yes / No Email Yes / No

If you are not a member of Mount Olive Lutheran Church, please fill out the following information.

Of what church are you a member? _____ N/A

Do you plan to join Mount Olive Church? Yes _____ No _____

School name, City transferring from: _____ N/A

If you have any questions about registering for school at Mount Olive next school year, please contact Mr. Zacharyasz at 920-422-3832 or principal@mountoliveappleton.com.



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Child's Name	Ethnic Heritage	3K or 4K (2019/20)	Date of Birth	Gender M/F
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Parent(s) or Guardian(s) _____

Address _____
Street City Zip Code

Phone Number _____
Preferred Alternate (if applicable)

Email _____
Preferred Alternate (if applicable)

May we print your phone number, address, and email address in the school directory? Circle:

Phone Number Yes / No Address Yes / No Email Yes / No

Please include a non-refundable \$50 deposit with this form. Should your child be enrolled, this amount will be deducted from your tuition statement. There are a limited number of seats available. We will give preference to the families who have turned in their forms with the deposit first. Schedules will be created as applications come in and will be finalized in Spring. If a family decides, during the school year, to decrease the number of days or hours they will use the Early Childhood Program for, Mount Olive reserves the right to add a \$500 convenience fee to the family's tuition bill.

Please mark an "X" by the days you would like your child to attend.

FULL DAY (8:00a.m. – 3p.m.)			
DROP-OFF TIME	3 DAYS	4 DAYS	5 DAYS
7:15 – 8:00	\$2970	\$3895	\$4865

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

HALF DAY (8:00a.m. – 11:15a.m.)			
DROP-OFF TIME	2 DAYS	3 DAYS	5 DAYS
7:45 – 8:00	\$1,280	\$1,690	\$3,175

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

If you are not a Mount Olive member, please fill out the following information.

Of what church are you a member? _____ N/A

Do you plan to join Mount Olive Church? Yes _____ No _____

School name, City transferring from: _____ N/A

If you have any questions about registering for school at Mount Olive next year, please contact Mr. Zacharyasz at 920-422-3832 or principal@mountoliveappleton.com.