



Mount Olive Lutheran School

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



Date: _____

2020-21 K-8 Registration

If you have students in both 3K/4K and in K-8, please fill out both sides. Students will be registered when this completed form is returned to the school office.

Child 1 First, Middle, Last Name: _____ 2020-21 Grade: _____

Birth City, State, County: _____ Hispanic? Y / N Gender? M / F

Race (Circle all that apply): Asian, Indian/Alaskan, White, Black, Pacific Date of Birth: _____

Child 2 First, Middle, Last Name: _____ 2020-21 Grade: _____

Birth City, State, County: _____ Hispanic? Y / N Gender? M / F

Race (Circle all that apply): Asian, Indian/Alaskan, White, Black, Pacific Date of Birth: _____

Child 3 First, Middle, Last Name: _____ 2020-21 Grade: _____

Birth City, State, County: _____ Hispanic? Y / N Gender? M / F

Race (Circle all that apply): Asian, Indian/Alaskan, White, Black, Pacific Date of Birth: _____

Child 4 First, Middle, Last Name: _____ 2020-21 Grade: _____

Birth City, State, County: _____ Hispanic? Y / N Gender? M / F

Race (Circle all that apply): Asian, Indian/Alaskan, White, Black, Pacific Date of Birth: _____

The 2020-21 K-8 tuition rate for the first child in a family is \$1825. Additional tuition information can be found at molmustangs.org/enrollment or on School Speak.

Parent(s) or Guardian _____

Address _____

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 Principal Landon Zacharyasz at 920-422-3832 or principal@mountoliveappleton.com.



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Date: _____

2020-21 3K/4K Registration

If you have students in both 3K/4K and in K-8, please fill out both sides. Students will be registered when this completed form is returned to the school office.

Child 1 First, Middle, Last Name: _____ 2020-21 Grade: _____

Birth City, State, County: _____ Hispanic? Y / N Gender? M / F

Race (Circle all that apply): Asian, Indian/Alaskan, White, Black, Pacific Date of Birth: _____

Child 2 First, Middle, Last Name: _____ 2020-21 Grade: _____

Birth City, State, County: _____ Hispanic? Y / N Gender? M / F

Race (Circle all that apply): Asian, Indian/Alaskan, White, Black, Pacific Date of Birth: _____

Parent(s) or Guardian(s) _____

Address _____

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

A \$50 non-refundable deposit is due with this form. Should your child be enrolled, this amount will be deducted from your tuition statement. There are a limited number of seats. 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/Summer. 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. Additional tuition information can be found at www.molmustangs.org/enrollment and also on School Speak.

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

FULL DAY (7:55am – 3:05pm)			
DROP-OFF TIME—7:15-7:55	2 DAYS	3 DAYS	5 DAYS
Cost	\$2095	\$3100	\$4970

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

HALF DAY (7:55am – 11:15am)			
DROP-OFF TIME—7:40-7:55	2 DAYS	3 DAYS	5 DAYS
Cost	\$1380	\$1820	\$3210

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 Principal Landon Zacharyasz at 920-422-3832 or principal@mountoliveappleton.com.