



Mount Olive Lutheran School

930 E Florida Ave
Appleton WI 54911
920-739-9194 www.molmustangs.org



Date: _____

2021-22 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: _____ 2021-22 Grade: _____

Birth City, County, State: _____ 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: _____ 2021-22 Grade: _____

Birth City, County, State: _____ 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: _____ 2021-22 Grade: _____

Birth City, County, State: _____ 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: _____ 2021-22 Grade: _____

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

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

The 2021-22 K-8 tuition rate for the first child in a Mount Olive member family is \$1910. Additional tuition information can be found at molmustangs.org/enrollment or on School Speak.

Parent(s) or Guardian _____

Address _____

Phone Number _____

Preferred

Alternate

Email _____

Preferred

Alternate

What public school district do you reside in? _____

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

Phone: Yes / No

Address: Yes / No

Email: Yes / No

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

If not a member at Mount Olive Lutheran Church, do you plan to become a member? ___ Yes ___ No

Transferring Students: What school (including city) did your child(ren) previously attend?

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: _____

2021-22 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: _____ 2021-22 Grade: _____

Birth City, County, State: _____ 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: _____ 2021-22 Grade: _____

Birth City, County, State: _____ 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

Email _____

Preferred

Alternate

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

Phone: 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. 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 Learning Center for, Mount Olive reserves the right to add a \$500 convenience fee to the family's tuition bill. Tuition information can be found at www.molmustangs.org/enrollment, on School Speak, and listed below.

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

FULL DAY (7:55am – 3:05pm)			
DROP-OFF TIME—7:20-7:55	2 DAYS	3 DAYS	5 DAYS
Cost	\$2200	3220	5150

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

HALF DAY (7:55am – 11:20am)			
DROP-OFF TIME—7:40-7:55	2 DAYS	3 DAYS	5 DAYS
Cost	\$1450	\$1910	\$3340

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

What public school district do you reside in? _____

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

If not a member at Mount Olive Lutheran Church, do you plan to become a member? ___ Yes ___ No

If you have any questions about registering for school at Mount Olive next year, please contact Principal Landon Zacharysz at 920-560-0090 or principal@mountoliveappleton.com.