

# APPLICATION FOR ENROLLMENT

ST. JOHN LUTHERAN SCHOOL



APPLICATION DATE: \_\_\_\_\_

**FAMILY NAME** \_\_\_\_\_

*Please check if this information may be included in a school family directory*

STREET ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_

FAMILY EMAIL \_\_\_\_\_

CHURCH MEMBERSHIP \_\_\_\_\_

## STUDENT INFORMATION

First	Middle	Grade Fall 2017	Birthdate	Place of Birth	Date of Baptism	Location of Baptism

## FAMILY INFORMATION

	FATHER	MOTHER
NAME		
ADDRESS (if different from above)		
CELL NUMBER		
WORK NUMBER		
OCCUPATION		

## OTHER CHILDREN LIVING AT HOME

NAME                      BIRTHDATE

## Preferred Method of Contact:

\_\_\_\_ Phone call ( \_\_\_\_ Home \_\_\_\_ Mom cell \_\_\_\_ Dad cell)

\_\_\_\_ Text ( \_\_\_\_ Mom cell \_\_\_\_ Dad cell)

\_\_\_\_ Email listed above