

ST. PAUL'S LUTHERAN SCHOOL, BREMEN INDIANA
APPLICATION FOR ENROLLMENT for School Year: 20___ -20___.

St. Paul's Lutheran School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school administered programs.

Child's name _____ Male/Female SS# _____
last first middle circle one

_____ Entering Grade: _____
street address

_____ city state zip code

Home phone # _____ Cell phone # _____

Date of birth _____ Place of Birth _____ Adopted? Yes or No

Baptized? Yes or No; Church & Date where baptized: _____

Child's church name & address

Child's previous school & address

-----FATHER-----MOTHER

Name: _____ | Name: _____ |

Occupation: _____ | Occupation: _____ |

Employer: _____ | Employer: _____ |

Work #: _____ | Work #: _____ |

Marital Status: _____ | Marital Status: _____ |

Church name: _____ | Church name: _____ |

-----BROTHERS-----SISTERS

Name: _____ Date of birth _____ | Name: _____ Date of birth _____ |

_____ | _____ |

_____ | _____ |

_____ | _____ |

Person with whom child resides: () Father () Mother () Both Other: _____

Name and address of person responsible for all payments & charges

How did you hear about St. Paul's Lutheran school? _____

In which areas do you feel St. Paul's School can be of most help to your child? _____

Please list your reasons for applying to St. Paul's Lutheran school? _____

How long does your child intend to remain at St. Paul's School? _____

List 2 persons, not relatives, who know your child well.

A. _____
name address phone

B. _____
name address phone

Our family doctor: _____ Phone: _____

Does your child have a physical disability or problem of which the teacher should be aware: (e.g. asthma, hearing or sight limitations, special medication required):

Can your child participate fully in athletic and physical education activities?
(yes or no) _____ If no, a physician's statement is required.

I understand that my child is responsible for the reusable books issued to him/her for this school year. I further understand that I will be expected to make proper payment in the event that any such book is lost or damaged.

Parent's signature: _____

I agree to support St. Paul's Lutheran School by my prayers, prompt tuition payments, and if I am a member of St. Paul's Church by prompt financial contributions to the church. I recognize that a sound Christian education requires prayerful commitment of time and finance to meet the needs of my student(s).

Parent's signature: _____

Signatures: _____
father mother

Date of application: _____

The first month's tuition payment, which is not refundable, must accompany this application.

Date received Application fee paid
Testing date Date accepted
Acceptance letter sent Response received

08-15-2005