



ST. JOHN LUTHERAN SCHOOL APPLICATION FOR ADMISSION

STUDENT INFORMATION

Student's Name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth
Present School	Grades Completed	
Applying for School Year	Applying for Grade Level	

PARENT INFORMATION

Father's Name	Mother's Name	Residence Telephone	
Residence Address		City, State, Zip	
Father's Occupation	Employed by	Business Telephone #	Email
Business Address		City, State, Zip	
Mother's Occupation	Employed by	Business Telephone #	Email
Business Address		City, State, Zip	
If parents are divorced or separated, with whom should admissions correspond?		With whom does the child reside?	
If you wish correspondence to be sent to an address other than the above, please indicate here	Street Address	City, State, Zip	

CHURCH INFORMATION

Name of church currently attending: _____	Is your child baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you active members of your church? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your child regularly attend church? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you wish to become a member of St. John Lutheran Church? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your child regularly attend Sunday School? <input type="checkbox"/> Yes <input type="checkbox"/> No
Would you regularly attend worship services at St. John? <input type="checkbox"/> Yes <input type="checkbox"/> No	Parents/guardians of the applicant must agree to attend the Bible Information Class to acquaint themselves with the religious instruction their children will receive at St. John Lutheran School.

ACADEMIC INFORMATION

Has your child ever had problems in school with regard to (check all that apply) Social Adjustment Discipline A particular academic subject

Comments: _____

Does your child have any physical disability that might affect school life? _____

Has your child even been promoted more than one grade in a year? Yes No Has your child even been retained in any grade? Yes No

OTHER CHILDREN IN THE FAMILY

Age	Name	Date of Birth	School	Baptized
				Yes/No
				Yes/No
				Yes/No

REFERENCES (AT LEAST ONE NON-RELATIVE)

Name _____ Relation _____
 Address _____ Phone _____

Name _____ Relation _____
 Address _____ Phone _____

Name _____ Relation _____
 Address _____ Phone _____

Signature _____ Date _____

How did you hear about St. John? Mailing Newspaper Friend Internet Other _____

OFFICE USE

Application Received _____

Date Met with Teacher _____

Date Approved _____ Approved By _____