

APPLICATION FOR ENROLLMENT



St. John's Lutheran School
4705 Brockway Road
Saginaw, MI 48638-4664
989.799.0935

Child's Name _____ Male ___ Female ___
Last First Middle

Street Address _____ E-mail _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____ Cell _____

Age _____ Date of Birth _____ Place of Birth _____

Baptized? _____ Current Church _____ Affiliation _____

Previous schools attended _____
Name of School / Grades Attended Name of School / Grades Attended

Grade last completed _____ Grade applying for _____ Year applying for _____

Father (Guardian) _____ Mother (Guardian) _____

Father's Employer _____ Address (if different from father) _____

Work Phone _____ Church Affiliation (if different from father) _____

Church Affiliation _____ Mother's Occupation _____

Address _____ Work Phone _____

Church in which parents actively participate and/or hold membership (if none, write "none") _____

_____ Number of years _____

Has your child had any difficulty in school thus far? (Yes/No)

Does your child have any physical disability? (Yes/No)

Has your child ever been retained in a grade? (Yes/No)

Has your child ever been promoted more than one grade in a year? (Yes/No)

If your answer is yes to any of the last four questions, please explain fully on the back of this sheet.

Child lives with: Both parents ___ Father ___ Mother ___ Other-List _____

Other Children in Family:

Name	Date of Birth	School now attending /Grade	Baptized
_____	_____	_____	Yes ___ No ___
_____	_____	_____	Yes ___ No ___
_____	_____	_____	Yes ___ No ___

Please contact the principal if you have questions about any of the items on this application.

Father's Signature _____ Date _____

Mother's Signature _____ Date _____