



ST. PAUL LUTHERAN CHURCH & SCHOOL



2019-2020

ENROLLMENT APPLICATION

Making Disciples Who Make Disciples

Application is herewith made to enroll the following in St. Paul Lutheran School for the 2019-2020 school year:

	LAST NAME:	FIRST NAME:	M.I.	D.O.B.	2019-2020 GRADE APPLYING FOR	SCHOOL ATTENDED LAST YEAR
1 .						
2 .						
3 .						
4 .						

How did you hear about us: Newspaper Ad Website Community Event
 Other Word of Mouth

CHILD PRESENTLY RESIDES WITH: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Step-Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Guardian	
NAME OF RESIDENT FATHER/STEP-FATHER: (circle one)	NAME OF RESIDENT MOTHER/STEP-MOTHER: (circle one)
STUDENT'S MAILING ADDRESS: Street: City: State: Zip:	
HOME TELEPHONE #: EMAIL ADDRESS:	May we list in SPLS Family Directory? <input type="checkbox"/> Yes <input type="checkbox"/> No
RESIDENT FATHER/STEP-FATHER'S (circle one) MAILING ADDRESS:	OCCUPATION: BUSINESS PHONE: EXTENSION____
CELL PHONE: EMAIL ADDRESS:	PLACE OF EMPLOYMENT:
RESIDENT MOTHER/STEP-MOTHER'S (circle one) MAILING ADDRESS:	OCCUPATION: BUSINESS PHONE: EXTENSION____
CELL PHONE: EMAIL ADDRESS:	PLACE OF EMPLOYMENT:
FULL NAME OF NATURAL FATHER:	FULL NAME OF NATURAL MOTHER:
RACE (Optional): <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> African-American <input type="checkbox"/> Other_____	
NAME OF CHURCH WHERE MEMBERSHIP IS HELD:	DENOMINATION:
CHURCH ADDRESS: Street: City: State:	

PLEASE LIST ANY ITEMS CONCERNING THE APPLICANT OF WHICH THE SCHOOL SHOULD BE AWARE: (include in this area any specific academic needs, physical needs, emotional needs, allergies, or medication your child is taking)

HAS YOUR CHILD/CHILDREN BEEN BAPTIZED? __Yes __No	IF YES, PROVIDE NAME OF CHURCH: BAPTISM DATE:
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Are you or your spouse an active military member: _____

If New Student*:

*I understand that unless I request an exemption in writing, the information provided will remain confidential and only shared with school personnel, as needed, for student's health and educational needs. *Please attach a copy of your child's most recent report card and achievement testing.*

St. Paul Lutheran School has established that applicants for re-enrollment must be students in **GOOD STANDING**. A student in good standing is considered to be:

- One who demonstrates academic, behavioral, and moral/spiritual growth consistent with Christian values, and
- One whose financial account is current, and
- One who, with his/her family, has demonstrated support of St. Paul Lutheran School programs, policies and standards.

These criteria must be met satisfactorily in order for a re-enrollment application to be processed.

I understand that to be processed for re-enrollment, the above-listed criteria for a pupil in good standing must be satisfied in regard to each of the applicants listed on the reverse side of this form.

I understand that unless I request an exemption in writing, the information provided will remain confidential and only shared with school personnel, as needed, for student's health and educational needs.

St. Paul Lutheran School admits students of any race, color, ethnic origin. All rights, privileges, programs, and activities are accorded the students in our school.

Date: _____ Parent/Guardian Signature: _____

Date: _____ Parent/Guardian Signature: _____

****** Enrollment Fee of \$150 must be attached to Enrollment Application Form to complete enrollment. ******

St. Paul Lutheran Church and School
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Aurora, IL 60506
630-896-3350
www.stpaulaurora.org

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