## ST. PETER'S LUTHERAN SCHOOL

719 Fifth Street

Columbus, Indiana 47201 (812) 372-5266

### **ENROLLMENT APPLICATION**

SCHOOL TERM: 2024-2025 School Year

## **ENROLLMENT PROCESS**

New students shall be enrolled after the following conditions are met:

- 1. Completed Enrollment Application
- 2. Completed Financial Information Form
- 3. Copy of Birth Certificate (age determination)
- 4. Copy of Immunization Records
- 5. Parent Conference with School Administration
- 6. Completed Student Academic Screening
- 7. Approval Decision
- Paid \$50 non-refundable Registration Fee (Due within two weeks of acceptance)

All new students are enrolled under a six-week probationary basis. At any time during this six-week probationary period, school administration may choose to dismiss students who do not consistently follow the communicated school expectations. Checkpoints will be conducted at three-week and six-week intervals to evaluate the level of student success, as well as the level of partnership with the parents/guardians.

# STUDENT INFORMATION

CHILD'S LAST NAME		SPECIAL EDUCATION SERVICES Please check if child has experienced and/or been	
		enrolled in:  ☐ Title I Services	
CHILD'S FULL FIRST NAME		☐ Speech or Language	
<b>SEX</b> : □ M □ F		☐ Specific Learning Disability ☐ Retention (Grade)	
MAILING ADDRESS		<ul> <li>☐ Attention Deficit (Hyperactivity) Disorder</li> <li>☐ Behavior or Emotional Disability/Challenge</li> <li>☐ Other Education or Health Concerns</li> </ul>	
CITY	ZIP CODE		
		PREVIOUS SCHOOL ENROLLMENT	
BEST PHONE to CONTACT		Name:	
		City & State:	
EMAIL			
GRADE IN FA	ALL: AGE:	Name:	
ETHNICITY:	☐ American Indian/Alaskan☐ Black/Non-Hispanic☐ Asian or Pacific Islander	City & State:	
	☐ Hispanic ☐ White/Non-Hispanic	Name:	
	☐ Multiracial	City & State:	
PLACE OF BIRTH (City, State)		PUBLIC SCHOOL ATTENDANCE AREA We need this information on each student to facilitate	
BIRTHDAY:	Month Day Year	communication with the local public schools. Please list the respective public school the above student would attend if he or she were not enrolled in St. Peter's Lutheran School:	
BAPTISM RE	CORD blank if unknown or not baptized.	Elementary School	
Baptis	m Date://	Middle School	
Church Where	e Baptized (Church, City, State)	High School	

(over)

HOUSEHOLD	DINFORMATION			
CHILD LIVES WITH	f (please check all that apply):			
□ Father □ Step-Father □ Guardian	<ul><li>☐ Mother</li><li>☐ Step-Mother</li><li>☐ Foster Parent</li></ul>			
HEAD OF HOUSE	HOLD (first and last name)	SPOUSE (if applicable, first and last name)		
Employer/Occupation	on	Employer/Occupation		
Business Phone	Cell Phone	Business Phone	Cell Phone	
Church Membership	p (Church Name & City)	Church Membership (Church Name & City)		
I hereby certify t	hat the above student informatio	n and household information	on is true and complete.	
PARENT / GUARDIAN SIGNATURE			DATE	

### NONDISCRIMINATION POLICY

St. Peter's Lutheran School admits students of any race, 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, enrollment policies, athletic policies, and other school-administered programs.

### OUR CHURCH PURPOSE STATEMENT

Our purpose as the Body of Christ at St. Peter's is to be rooted in Christ, cultivate loving relationships, and reflect Jesus in all we do... for the transformation of lives and the growth of Gods' Kingdom.

### **OUR SCHOOL MINISTRY PURPOSE STATEMENT**

The purpose of St. Peter's Lutheran School is to, in partnership with parents; equip children to be responsible, productive adults in the 21<sup>st</sup> Century, who above all else, love Jesus.