

# Application for Enrollment

## St. Luke Lutheran Preschool

### Student Information

*Please complete one Student Information form for each enrolling student.*

\_\_\_\_\_ Male \_\_\_\_\_ Female  
Student's Last Name First Middle

Entering Grade \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date of Baptism \_\_\_\_\_

Is child adopted? \_\_\_\_\_

Is child aware of adoption? \_\_\_\_\_

Student lives with:

\_\_\_ Both Parents

\_\_\_ Father & Stepmother

\_\_\_ Mother

\_\_\_ Grandparents

\_\_\_ Father

\_\_\_ Guardian

\_\_\_ Mother & Stepfather

\_\_\_ Other \_\_\_\_\_

Child resides in \_\_\_\_\_ School District

Please list any physical limitations, health concerns or other information that would be helpful to the teacher.

\_\_\_\_\_

\_\_\_\_\_