

ST. PETER'S LUTHERAN SCHOOL

719 Fifth Street
Columbus, Indiana 47201 (812) 372-5266

ENROLLMENT APPLICATION

SCHOOL TERM: 2020-2021 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
8. Meeting with the Director of Development (financial)
9. Completed Financial Agreement

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 _____

CHILD'S FULL FIRST NAME _____

SEX: M F

MAILING ADDRESS _____

CITY _____ ZIP CODE _____

BEST PHONE to CONTACT _____

EMAIL _____

GRADE IN FALL: _____ AGE: _____

- ETHNICITY:
- American Indian/Alaskan
 - Black/Non-Hispanic
 - Asian or Pacific Islander
 - Hispanic
 - White/Non-Hispanic
 - Multiracial

PLACE OF BIRTH (City, State) _____

BIRTHDAY: _____ / _____ / _____
Month Day Year

BAPTISM RECORD

Please leave blank if unknown or not baptized.

Baptism Date: _____ / _____ / _____

Church Where Baptized (Church, City, State) _____

SPECIAL EDUCATION SERVICES

Please check if child has experienced and/or been enrolled in:

- Title I Services
- Speech or Language
- Specific Learning Disability
- Retention (Grade _____)
- Attention Deficit (Hyperactivity) Disorder
- Behavior or Emotional Disability/Challenge
- Other Education or Health Concerns

PREVIOUS SCHOOL ENROLLMENT

Name: _____

City & State: _____

Name: _____

City & State: _____

Name: _____

City & State: _____

PUBLIC SCHOOL ATTENDANCE AREA

We need this information on each student to facilitate 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:

Elementary School _____

Middle School _____

HOUSEHOLD INFORMATION

CHILD LIVES WITH (please check all that apply):

- Father Mother
 Step-Father Step-Mother
 Guardian Foster Parent

HEAD OF HOUSEHOLD (first and last name)

SPOUSE (if applicable, first and last name)

Employer/Occupation

Employer/Occupation

Business Phone

Cell Phone

Business Phone

Cell Phone

Church Membership (Church Name & City)

Church Membership (Church Name & City)

I hereby certify that the above student information and household information 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 21st Century, who above all else, love Jesus.

St. Peter's Lutheran...
A Nationally Recognized SCHOOL of DISTINCTION!