



ST. PAUL

LUTHERAN SCHOOL

PRE-SCHOOL - 8TH GRADE

402 S. Ballenger Highway
Flint, Michigan 48532
Phone: 810-239-6733
Fax: 810-239-5466

APPLICATION FOR ADMISSION/CONTACT INFORMATION

1. Student's Name _____
Last First M.I. Date of Birth Sex: M/F Grade

Baptized: Yes / No Date: ___/___/___ Race _____

2. Student's Name _____
Last First M.I. Date of Birth Sex: M/F Grade

Baptized: Yes / No Date: ___/___/___ Race _____

3. Student's Name _____
Last First M.I. Date of Birth Sex: M/F Grade

Baptized: Yes / No Date: ___/___/___ Race _____

4. Student's Name _____
Last First M.I. Date of Birth Sex: M/F Grade

Baptized: Yes / No Date: ___/___/___ Race _____

For Pre-School Students:

Circle one: 3 Half Days, MWF: 8:00-11:30 am 3 Full Days, M—F, 8:00-3:15 pm Will before /after school child care be
5 Half Days, M—F, 8:00-11:30 am 5 Full Days, M—F, 8:00-3:15 pm needed? Yes No

All children are admitted on a probationary basis and are subject to review at the end of the first ten weeks.

School Last Attended _____ Reason for Transfer _____

OVER

Father/Guardian's Name _____ Social Security Number ____ - ____ - ____

Place of Employment _____ Occupation _____

Business Phone _____ Cell Phone _____ Okay to Call? Yes / No

Mother/Guardian's Name _____ Social Security Number ____ - ____ - ____

Place of Employment _____ Occupation _____

Business Phone _____ Cell Phone _____ Okay to Call? Yes / No

Marital Status of Parents: ____ Single ____ Married ____ Divorced ____ Widowed

Street Address _____ Home Phone _____

City _____ ZIP Code _____ E-mail _____

Name of Custodial Parent or Guardian (if applicable) _____

A school parent directory is published each fall and listed on Edline. Please check this box if you do NOT want your phone number published.

Church Membership:	Church	Denomination	Pastor
Child(ren)	_____	_____	_____
Father	_____	_____	_____
Mother	_____	_____	_____

I wish to have my child(ren) enrolled in St. Paul Lutheran School and will support the school's program with prayer, regular family worship, encouragement, and financial support.

Signature of Parent or Guardian

Date

Please bring your child's birth certificate, immunization records, the \$30.00 application fee (new students only) and the applicable registration fee when you submit this form.

For Office Use Only

Application Fee Paid _____ Registration Fee Paid _____ Birth Certificate _____ Immunization Record _____