

**Application for Enrollment**  
**St. Paul Lutheran School**  
**27981 Detroit Road, Westlake, OH 44145**

**PRESCHOOL PROGRAM:**

**School Year:** \_\_\_\_\_

3 yr. Old AM Class (2 days)

4 yr. Old AM Class (3 days)

Pre-Kindergarten Class (5 days)

Pre-Kindergarten Class (4 days)

**K – 8 PROGRAM (PLEASE CIRCLE ONE):**

K Full Day 1 2 3 4 5 6 7 8

Child's Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Birth City & State: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Baptism Date: \_\_\_\_\_ Baptism Church, City & State: \_\_\_\_\_

Church Membership: \_\_\_\_\_ Attends regularly? Yes \_\_\_ No \_\_\_

Father: \_\_\_\_\_ U.S. Citizen: Yes \_\_\_ No \_\_\_

Address if different than above: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Birthplace: \_\_\_\_\_ Occupation: \_\_\_\_\_ Education: \_\_\_\_\_

Status: Married \_\_\_ Divorced \_\_\_ Separated \_\_\_ Widowed \_\_\_ Remarried \_\_\_ Single \_\_\_

Church Membership: \_\_\_\_\_ Attends Regularly? Yes \_\_\_ No \_\_\_

Mother: \_\_\_\_\_ U.S. Citizen: Yes \_\_\_ No \_\_\_

Address if different than above: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Birthplace: \_\_\_\_\_ Occupation: \_\_\_\_\_ Education: \_\_\_\_\_

Status: Married \_\_\_ Divorced \_\_\_ Separated \_\_\_ Widowed \_\_\_ Remarried \_\_\_ Single \_\_\_

Church Membership: \_\_\_\_\_ Attends Regularly? Yes \_\_\_ No \_\_\_

**Other school aged children or younger living in the household:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Birth Date: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**(Please complete the reverse side.)**

Name of child's previous school: \_\_\_\_\_

Address: \_\_\_\_\_

Give any information regarding your child's background, habits, behavior, and medical history that may require special attention from the teacher:

Has your child ever received services from: Chapter 1 \_\_\_\_\_ Psychologist \_\_\_\_\_  
Speech Pathologist \_\_\_\_\_ Remedial Tutoring \_\_\_\_\_  
If yes, which subjects: \_\_\_\_\_

Has your child been tested or receiving services for:  
Learning Disabilities (LD) \_\_\_\_\_  
Severe Behavioral Handicap (SBH) \_\_\_\_\_  
Attention Deficit Disorder (ADD) \_\_\_\_\_  
Attention Deficit Hyperactivity Disorder (ADHD) \_\_\_\_\_  
Section 504 \_\_\_\_\_

How did you hear of St. Paul Lutheran School? \_\_\_\_\_

How long do you anticipate keeping your child enrolled? Grade: K 1 2 3 4 5 6 7 8

Why do you want your child to attend St. Paul Lutheran School?

If you are not a member of St. Paul Lutheran Church, would you consider attending Adult Instruction Class to become a member? Yes \_\_\_\_\_ No \_\_\_\_\_ Already attending classes \_\_\_\_\_

For enrollment to be considered, a \$100 non-refundable application fee, academic records, special services report (if applicable) and birth certificate must be submitted. A separate application and fee are required for each child. Final acceptance will require all items listed below.

**St. Paul Lutheran School does not discriminate against race, creed, color, or sex, but does reserve the right to deny admission to anyone. All new students will be accepted under a probation period with final acceptance being determined on academic and behavioral performance of the first quarter.**

I understand that the falsification of any of the above information may jeopardize my child's acceptance, enrollment or re-enrollment in St. Paul Lutheran School. I also understand upon acceptance I am giving permission for my child to be placed on the St. Paul Lutheran School roster.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICE USE

Items received:

\_\_\_\_\_ Application  
\_\_\_\_\_ \$100 Application Fee  
\_\_\_\_\_ Academic Records  
\_\_\_\_\_ Visit with the principal  
\_\_\_\_\_ Special Services Reports  
\_\_\_\_\_ Birth Certificate  
\_\_\_\_\_ Immunizations

Date Received/Completed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date accepted: \_\_\_\_\_

By: \_\_\_\_\_