



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: 5 Full Days, M—F, 8:00-3:15 pm

3 Full Days, MWF, 8:00-3:15 pm

For Pre-School 4 Only:

5 Half Days, M—F, 8:00-11:30 am

Will before /after school child care be

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) _____

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 K-8 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 _____