



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

Student's Name _____
Last First M.I. Date of Birth Sex: M/F Grade
Baptized: Yes / No Date: ___ / ___ / ___ Race _____

Student's Name _____
(2nd Child) Last First M.I. Date of Birth Sex: M/F Grade
Baptized: Yes / No Date: ___ / ___ / ___ Race _____

Student's Name _____
(3rd Child) Last First M.I. Date of Birth Sex: M/F Grade
Baptized: Yes / No Date: ___ / ___ / ___ Race _____

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 _____

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. **(Over)**

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

Names of persons to be notified in an emergency when parent is not available. Also, indicate if they may pick up child(ren) after school. Please list relationship to child.

1. _____ Phone _____ Alternate Phone _____
Check one or both: _____ Emergency Contact _____ Pick-up
2. _____ Phone _____ Alternate Phone _____
Check one or both: _____ Emergency Contact _____ Pick-up
3. _____ Phone _____ Alternate Phone _____
Check one or both: _____ Emergency Contact _____ Pick-up

Name(s) of person(s) to whom child(ren) **MAY NOT** be released (per Court Order on file):

Physician's Name _____ Phone _____

Preferred Hospital _____

Insurance Carrier _____ Group # _____ Contract # _____

Current Continuing Medication(s) _____

Any OTC or prescription medications to be administered at school must be accompanied by a form signed by the physician and a parent/guardian.

Last Tetanus Shot

_____	Child's Name	Date
_____	Child's Name	Date
_____	Child's Name	Date

Any other health information the school should know (allergies, etc.) _____

I hereby give my permission to St. Paul Lutheran School to secure emergency medical and/or emergency surgical treatment for the child(ren) named on this form while in the school's care.

Signature of Parent or Guardian _____ Date _____

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 _____