

Are there other adults living in the home? Yes () No () If yes, please describe: _____
 Does someone other than parents have a significant role in child rearing? _____
 Is another language, other than English, spoken in the home? Yes () No () If yes _____

Names of Brothers & Sisters:	Date of Birth	School Now Attending	Baptized
_____	_____	_____	Yes () No ()
_____	_____	_____	Yes () No ()
_____	_____	_____	Yes () No ()
_____	_____	_____	Yes () No ()
_____	_____	_____	Yes () No ()
_____	_____	_____	Yes () No ()

Reason for transfer to St. Paul's: _____

Baptized: Yes () No () Church: _____ City/State: _____

Pastor: _____ Denomination: _____

Attends Sunday School? () Yes () No Church: _____ Denomination: _____ Years Attended: _____

Is there anything else you would like to share about your child, that you feel will help us work with them? _____

Have there been any recent changes within your family which could have an impact on your child's adjustment to school? _____

What three words best describe your child? _____

Pre-Kindergarten Only: Is your child toilet trained? () Yes () No

I will commit myself to wholehearted, positive cooperation with my child's teacher, that my child might receive the best education possible. I will encourage obedience to rules of the school. I understand the standards of St. Paul's Lutheran School do not tolerate profanity, obscenity in word or action, dishonor to God or the Word of God, nor disrespect to the personnel or students of the school. If my child is not able to comply with the standards of the school after reasonable efforts have been made either through academic adjustment or disciplinary action, I agree to withdraw my child from school. I have read this application and understand the purposes and objectives of St. Paul's Lutheran School. I will be punctual in my financial obligations to the school.

SIGNED: _____ and/or _____
 Father/Guardian Mother/Guardian

Date: _____ T-shirt Size: XS (4/5), Small (6/7), Medium (8), Large (10-12)
 Adult Small, Adult Medium, Adult Large

OFFICE USE ONLY:

Date Received: _____ Grade Entering: _____ Age (Sept 1): _____
 Live Birth Certificate Verified: Yes () No () Health Records: Yes () No ()
 \$100.00 Deposit Made: Yes () No () Check () # _____ Cash () MO () Date _____
 Registration Fee Paid: Yes () No () Check () # _____ Cash () MO () Date _____
 ___25% Emp. Discount ___50% Emp. Discount ___2nd Child 20% ___3rd child 30% off ___4th child 50% off
 ___Member ___Non Member

Signature of Person Verifying Information _____
