



# St. Peter's Lutheran School LEAP Application

7710 E. State Blvd ♦ Fort Wayne, IN 46815 ♦ Phone: (260) 748-0775  
www.stpetersfw.org

## APPLICATION FOR PRESCHOOL LEAP ENROLLMENT

APPLICATION DATE \_\_\_\_\_

<b>Student's Personal Information</b>			Sex: M <input type="checkbox"/> F <input type="checkbox"/>
_____	_____	_____	
Last Name	First Name	Middle Name	
_____	_____	_____	
Address	City/State	Zip	Phone
_____	_____	_____	_____
Date of Birth _____	Allergies _____		
Will your child be using Clubhouse?			
AM _____	PM _____	BOTH _____	NONE _____

I agree to accept all the regulations of St. Peter's Lutheran School in behalf of my child. I have submitted with this application a Materials Fee of \$65. I understand that this fee will be reimbursed if St. Peter's is unable to accept my child, but it will not be refunded if, after my child is accepted, I choose not to send my child to St. Peter's. I certify that any information relevant to my child's application has not been withheld and agree to the terms of this application and to the policies of St. Peter's Lutheran School. I understand that acceptance of this application by St. Peter's in no way guarantees enrollment. All applicants are considered in accordance with the official admission policy.

\_\_\_\_\_  
Signature Date

### OFFICE USE:

\$65 Materials Fee Paid Check # \_\_\_\_\_ Cash \_\_\_\_\_

Date/Time Application and Fee received \_\_\_\_\_