



ST. PETER'S LUTHERAN CHURCH & SCHOOL

7810 Maysville Road • Fort Wayne, IN 46815
260.749.5811 • enrollment@stpetersfw.org
www.StPetersFW.org

ADMISSION APPLICATION

2019/2020

CONNECT • GROW • SHARE

To apply for admission into kindergarten through eighth grade, the following information is required along with a copy of birth certificate and a non-refundable \$25 application fee. Records will be requested from applicants previous school.

APPLICANT INFORMATION

Application Date _____	Applying for Grade _____
Applicant Name _____ <small>First Middle Last</small>	
Preferred Name _____ <small>(If different than First Name)</small>	Primary Language Spoken at Home _____
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth _____	Place of Birth _____ <small>(City, State)</small>
Applicant Primary Custodial Address _____	
City, State & Zip Code _____	
Applicant Primary Phone _____ <small><input type="checkbox"/> Home <input type="checkbox"/> Cell</small>	Applicant Secondary Phone _____ <small><input type="checkbox"/> Home <input type="checkbox"/> Cell</small>
Applicant Ethnicity	
<input type="checkbox"/> African American/Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic Ethnicity and of any race <input type="checkbox"/> Multiracial (two or more races) <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	
Applicant Religious Denomination _____	
<input type="checkbox"/> Current Member of St. Peter's Lutheran Church <input type="checkbox"/> Interested in becoming members of St. Peter's <input type="checkbox"/> Other Current Church/Congregation _____ <small>Church Name City & State</small>	
Baptism Date _____	Church Where Baptized _____ <small>Church Name City & State</small>

PREVIOUS SCHOOL ENROLLMENT

Preschool _____ <small>School Name City & State</small>	From Date _____	To Date _____	Grade Completed _____
Elementary School _____ <small>School Name City & State</small>	From Date _____	To Date _____	Grade Completed _____
Middle School _____ <small>School Name City & State</small>	From Date _____	To Date _____	Grade Completed _____
Public School District in which you reside <input type="checkbox"/> FWCS <input type="checkbox"/> EACS <input type="checkbox"/> NACS <input type="checkbox"/> SACS			

Office Use Only

Application Received _____	Application Fee Received _____	Birth Certificate Received _____
Screening Scheduled _____	Principal Reviewed _____	Approval for Admission _____

HOUSEHOLD INFORMATION

Student resides in 1 Household 2 Households (Shared Custody) Other _____

With (check all that apply) Father Mother Step-Father Step-Mother Other _____

Please list all siblings

Name _____ Gender Male Female Date of Birth _____
First Last

Current Grade _____ Current School _____

Name _____ Gender Male Female Date of Birth _____
First Last

Current Grade _____ Current School _____

Name _____ Gender Male Female Date of Birth _____
First Last

Current Grade _____ Current School _____

Name _____ Gender Male Female Date of Birth _____
First Last

Current Grade _____ Current School _____

FAMILY INFORMATION FOR PRIMARY CUSTODIAL HOUSEHOLD

First Parent/Guardian Name _____
Salutation First Last

Marital Status _____ Gender Male Female Relationship to Applicant _____

Primary Phone _____ Secondary Phone _____
 Home Cell Work Home Cell Work

Email Address _____

Custodial Rights? Yes No Financial Responsibility? Yes No Receive Communication? Yes No

Occupation _____ Employer _____

Religious Denomination _____

Current Member of St. Peter's Lutheran Church Interested in becoming members of St. Peter's

Other Current Church/Congregation _____
Church Name City & State

Second Parent/Guardian Name _____
Salutation First Last

Marital Status _____ Gender Male Female Relationship to Applicant _____

Primary Phone _____ Secondary Phone _____
 Home Cell Work Home Cell Work

Email Address _____

Custodial Rights? Yes No Financial Responsibility? Yes No Receive Communication? Yes No

Occupation _____ Employer _____

Religious Denomination _____

Current Member of St. Peter's Lutheran Church Interested in becoming members of St. Peter's

Other Current Church/Congregation _____
Church Name City & State

FAMILY INFORMATION FOR SECOND HOUSEHOLD

Second Household Address _____

City, State & Zip Code _____

First Parent/Guardian Name _____
Salutation First Last

Marital Status _____ Gender Male Female Relationship to Applicant _____

Primary Phone _____ Home Cell Work Secondary Phone _____ Home Cell Work

Email Address _____

Custodial Rights? Yes No Financial Responsibility? Yes No Receive Communication? Yes No

Occupation _____ Employer _____

Religious Denomination _____

Current Member of St. Peter's Lutheran Church Interested in becoming members of St. Peter's

Other Current Church/Congregation _____
Church Name City & State

Second Parent/Guardian Name _____
Salutation First Last

Marital Status _____ Gender Male Female Relationship to Applicant _____

Primary Phone _____ Home Cell Work Secondary Phone _____ Home Cell Work

Email Address _____

Custodial Rights? Yes No Financial Responsibility? Yes No Receive Communication? Yes No

Occupation _____ Employer _____

Religious Denomination _____

Current Member of St. Peter's Lutheran Church Interested in becoming members of St. Peter's

Other Current Church/Congregation _____
Church Name City & State

SPECIAL EDUCATION SERVICES

If the applicant has experienced and/or been enrolled in any of the following, please check all that apply

- IEP
- Speech or Language
- Difficulty Learning
- Retention (Grade _____)
- Special education or remedial help

MEDICAL CONDITIONS

Please list any medical conditions which may affect their school experience _____

ADMISSIONS POLICY

1. Candidates for admission to St. Peter's Lutheran School must be aware that St. Peter's is a ministry of the Lutheran Church – Missouri Synod; therefore, we only teach the doctrine and practices of the Lutheran Church – Missouri Synod.
2. St. Peter's Lutheran School, a non-profit, 501(c)(3) elementary school, admits students of any race, color, creed, religion, gender, national and ethnic origin, and does not discriminate in administration of its educational policies, admissions policies, financial aid, or other school-administered programs.
3. St. Peter's Lutheran School admits full-time students to all the rights, privileges, programs, and activities generally accorded or made available to students at the school.
4. Admission to St. Peter's Lutheran School is dependent upon St. Peter's having the appropriate academic program/educational plan that fits the student. St. Peter's Lutheran School may or may not be equipped to service the educational needs of students with disabilities. Students with Individualized Education Plans require individualized review and approval for admission.
5. Students must be in good standing with their previous school.
6. Transfer students must have a C or better average at their previous school.
7. St. Peter's reserves the right to admit students on probation or conditional status.
8. Students from alternative or non-accredited schools or who have been on probation and/or suspended from another school require individualized review and approval for admission.
9. Students expelled from another school will not be considered for admission until the expulsion period from the previous school has expired.
10. Students may be admitted to St. Peter's Lutheran School at any point during the academic year if approved.
11. Students entering kindergarten must attain five (5) years of age on or before August 1 following enrollment. Students entering first grade must attain the age of six (6) years on or before August 1 following enrollment.
12. St. Peter's Lutheran School reserves the right to evaluate all new students to determine their grade readiness.
13. Applications for enrollment must be approved by the principal and may be reviewed by pastors or school board. Cumulative records will be requested from the previous school by the principal or his/her proxy. Indiana law requires that a student's health and immunization records must be present at school before the student may attend classes.

I agree to accept all the regulations of St. Peter's Lutheran School on behalf of my child. I have submitted with this application a copy of my child's birth certificate and my non-refundable application fee of \$25. I understand that this fee will not be reimbursed. 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.

Parent/Guardian Signature

Date