

ST. PETER'S LUTHERAN SCHOOL

7810 Maysville Road
Fort Wayne, IN 46815
(260) 749-5811
www.stpetersfw.org

ENROLLMENT APPLICATION

Application Date _____

Applying for Grade _____

APPLY

To apply for kindergarten through eighth grade, the following information **MUST** be submitted with your child's application:



1. Completed enrollment application
2. Copy of birth certificate
3. Copy of report cards and any testing information
4. \$25 deposit

STUDENT INFORMATION

CHILD'S LAST NAME _____

CHILD'S FULL FIRST NAME _____ MIDDLE _____

SEX: M F

ADDRESS _____

CITY/STATE _____ ZIP CODE _____

HOME PHONE _____

- ETHNICITY:
- American Indian/Alaskan Native
 - African American
 - Asian
 - Pacific Islander/Native Hawaiian
 - Hispanic/Latino
 - White/Non-Hispanic
 - Multiracial

PLACE OF BIRTH (City, State) _____

BIRTHDAY: _____ / _____ / _____
Month Day Year

BAPTISM DATE: _____ / _____ / _____
Month Day Year

Church Where Baptized (Church, City, State) _____

SPECIAL EDUCATION SERVICES

Please check if child has experienced and/or been enrolled in:

- IEP
- Speech or Language
- Learning Disability
- Retention (Grade _____)
- Attention Deficit (Hyperactivity) Disorder
- Behavioral or Emotional Disability
- EL, LEP, FEP
- Other Education or Health Concerns _____

PREVIOUS SCHOOL ENROLLMENT

Preschool: _____

City & State: _____

Elementary School: _____

City & State: _____

Middle School: _____

City & State: _____

SIBLINGS

Name _____ DOB _____

Name _____ DOB _____

Name _____ DOB _____

Name _____ DOB _____

HOUSEHOLD INFORMATION

CHILD LIVES WITH (please check all that apply):

- Father
 Step-Father

- Mother
 Step-Mother

- Grandparent
 Guardian

- Foster Parent
 Other _____

FATHER (first and last name)

Address

City, State, Zip

Employer/Occupation

Business Phone

Cell Phone

Church Membership (Church Name & City)

Father's Email Address

MOTHER (first and last name)

Address

City, State, Zip

Employer/Occupation

Business Phone

Cell Phone

Church Membership (Church Name & City)

Mother's Email Address

I agree to accept all the regulations of St. Peter's Lutheran School on behalf of my child. I have submitted with this application my deposit of \$25. If my child is accepted at St. Peter's, this deposit will not be applied to my tuition balance. 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

Office Use:

Rec: _____

Dep: _____

Res: _____

A/D: _____