

**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. \$100 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

Mother

Grandparent

Foster Parent

Step-Father

Step-Mother

Guardian

Other \_\_\_\_\_

\_\_\_\_\_  
**FATHER** (first and last name)

\_\_\_\_\_  
**MOTHER** (first and last name)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Employer/Occupation

\_\_\_\_\_  
Employer/Occupation

\_\_\_\_\_  
Business Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Business Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Church Membership (Church Name & City)

\_\_\_\_\_  
Church Membership (Church Name & City)

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
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 \$100. If my child is accepted at St. Peter's, this deposit will be applied to my tuition balance. 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 as a student, 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.***

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

Office Use:

Rec: \_\_\_\_\_

Dep: \_\_\_\_\_

Res: \_\_\_\_\_

A/D: \_\_\_\_\_