

St. John Lutheran School

125 East Seminary Avenue, Wheaton, Illinois 60187 – 630-668-0701 – FAX 630-871-9931



APPLICATION FOR Enrollment 2010-2011

ALL FIELDS ARE REQUIRED

Family Name _____

Father

Name _____

Address _____

City, State, Zip _____

Home Phone _____

Cell Phone _____

Email address _____

Check if you would like:

Tuition statement emailed to this address

School information emailed to this address

Church membership _____

Employer _____

Address _____

City, State, Zip _____

Work Phone _____

Are your children presently experiencing any situations unique to your family or home life that the school should know about, so as to better understand him/her and provide support where needed:

FOR OFFICE USE ONLY

Application Fee Received _____

Approved for Reg _____

Wait List _____

Mother

Name _____

Address _____

City, State, Zip _____

Home Phone _____

Cell Phone _____

Email address _____

Check if you would like:

Tuition statement emailed to this address

School information emailed to this address

Church membership _____

Employer _____

Address _____

City, State, Zip _____

Work Phone _____

Parent Commitment

We pledge our cooperation with St. John Lutheran School in encouraging our child to follow its Christian teachings and standards as outlined in the Covenant Agreement.

We agree that we will support our child's consistent on-time attendance.

We will comply with the Illinois Department of Public Health rules which require evidence of physical examinations and age-mandated immunization.

Fees are due in full at the start of classes. We promise to pay our tuition promptly and in the manner checked below:

In full at the beginning of the school year

Ten times a year: August thru June through the electronic tuition payment plan

Signature of Parent or Guardian

Date _____

St. John Lutheran School admits students of any gender, race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of gender, race, color, national and ethnic origin in administration of its educational policies, admissions policies, tuition assistance programs, and athletic and other school-administered programs.

St. John Registration 2010-2011

Child 1

Legal name of CHILD _____
First name used by CHILD _____
Birth date _____ Male Female
Place of Birth _____
Social Security # _____
School district in which child resides: _____

Grade/Level of Enrollment

Kindergarten (a.m. only) Kindergarten (full day)
Grade 1 2 3 4 5 6 7 8 (please circle)

Citizenship _____
Is the child baptized? Yes No
Church membership of child _____
Where will child attend church and Sunday School?

Has the child been professionally evaluated for any of the following?

Speech	Yes	No
Articulation	Yes	No
Language Development	Yes	No
ADD/ADHD	Yes	No
Hearing or Vision Impairments	Yes	No
Physical Disability	Yes	No
Learning Disability	Yes	No

If yes to any of the above please describe and include the latest evaluation report. _____

Family

Child lives with: (check one)
Parents Mother & Step-Father Grandparents
Mother Father & Step-Mother Foster Parents
Father Legal Guardian Other

If parents are divorced or separated, who has legal custody of the child?

(Please provide a copy of legal agreements regarding custody to the school office.)

Child 2

Legal name of CHILD _____
First name used by CHILD _____
Birth date _____ Male Female
Place of Birth _____
Social Security # _____
School district in which child resides: _____

Grade/Level of Enrollment

Kindergarten (a.m. only) Kindergarten (full day)
Grade 1 2 3 4 5 6 7 8 (please circle)

Citizenship _____
Is the child baptized? Yes No
Church membership of child _____
Where will child attend church and Sunday School?

Has the child been professionally evaluated for any of the following?

Speech	Yes	No
Articulation	Yes	No
Language Development	Yes	No
ADD/ADHD	Yes	No
Hearing or Vision Impairments	Yes	No
Physical Disability	Yes	No
Learning Disability	Yes	No

If yes to any of the above please describe and include the latest evaluation report. _____

Family

Child lives with: (check one)
Parents Mother & Step-Father Grandparents
Mother Father & Step-Mother Foster Parents
Father Legal Guardian Other

If parents are divorced or separated, who has legal custody of the child?

(Please provide a copy of legal agreements regarding custody to the school office.)

Family Name _____

Child 3

Legal name of child _____
 First name used by child _____
 Birth date _____ Male Female
 Place of birth _____
 Social Security # _____
 School district in which child resides: _____

Grade/Level of Enrollment

Kindergarten (a.m. only) Kindergarten (full day)
 Grade 1 2 3 4 5 6 7 8 (please circle)

Citizenship _____
 Is the child baptized? Yes No
 Church membership of child _____
 Where will child attend church and Sunday School?

Has the child been professionally evaluated for any of the following?

Speech	Yes	No
Articulation	Yes	No
Language Development	Yes	No
ADD/ADHD	Yes	No
Hearing or Vision Impairments	Yes	No
Physical Disability	Yes	No
Learning Disability	Yes	No

If yes to any of the above please describe and include the latest evaluation report. _____

Family

Child lives with: (check one)
 Parents Mother & Step-Father Grandparents
 Mother Father & Step-Mother Foster Parents
 Father Legal Guardian Other

If parents are divorced or separated, who has legal custody of the child?

(Please provide a copy of legal agreements regarding custody to the school office.)

Child 4

Legal name of child _____
 First name used by child _____
 Birth date _____ Male Female
 Place of birth _____
 Social Security # _____
 School district in which child resides: _____

Grade/Level of Enrollment

Kindergarten (a.m. only) Kindergarten (full day)
 Grade 1 2 3 4 5 6 7 8 (please circle)

Citizenship _____
 Is the child baptized? Yes No
 Church membership of child _____
 Where will child attend church and Sunday School?

Has the child been professionally evaluated for any of the following?

Speech	Yes	No
Articulation	Yes	No
Language Development	Yes	No
ADD/ADHD	Yes	No
Hearing or Vision Impairments	Yes	No
Physical Disability	Yes	No
Learning Disability	Yes	No

If yes to any of the above please describe and include the latest evaluation report. _____

Family

Child lives with: (check one)
 Parents Mother & Step-Father Grandparents
 Mother Father & Step-Mother Foster Parents
 Father Legal Guardian Other

If parents are divorced or separated, who has legal custody of the child?

(Please provide a copy of legal agreements regarding custody to the school office.)