

St. Peter Lutheran Preschool



Application for Admission

Student's Name		Gender <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
Date of Birth		Place of Birth	
Present School		Applying for Age Level	
Parent Information			
Father's Name		Mother's Name	Residence Telephone
Residence Address		City, State, Zip	
Father's Occupation	Employed by	Business Telephone	Ext.
Business Address		City, State, Zip	
Mother's Occupation	Employed by	Business Telephone	Ext.
Business Address		City, State, Zip	
If parents are divorced or separated, to whom should admission correspondence be sent?		With whom does the child reside?	
If you wish correspondence to be sent to an address other than the above, please indicate here ⇒ Street Address		City, State, Zip	
Church Information			
Are you a member of a Christian Church? <input type="checkbox"/> YES <input type="checkbox"/> NO		Name of church:	Is your child baptized? <input type="checkbox"/> YES <input type="checkbox"/> NO
Academic Information			
Has your child ever had problems with regard to: (check any that apply and explain) <input type="checkbox"/> Social Adjustment <input type="checkbox"/> Discipline			
Comments: _____			
<p>St. Peter Lutheran Preschool is not equipped or staffed to educate students with special needs (e.g. mental or emotional handicaps, behavior problems, special education students).</p>			
<p>In order for St. Peter Lutheran Preschool's program and policies to be effective, the support of the parents is vital. Therefore before new students are accepted, we require that parents or guardians agree to be supportive of the preschool, its teachers and its policies. Your signature below indicates that you have read and agree to the policies of the handbook and that everything stated in this application is true and accurate.</p>			
Father's Signature (or Legal Guardian)		Date	
Mother's Signature (or Legal Guardian)		Date	