

ST. PAUL LUTHERAN SCHOOL

4941 W. Center St.
Millington, MI 48746
989-871-4581

*IF YOUR STUDENT ATTENDED ST. PAUL LAST YEAR **DO NOT** FILL OUT THIS FORM*

**NEW STUDENT ENROLLMENT FORM
2018-20190**

PARENTS NAME _____ DATE _____

STUDENT NAME _____ GRADE _____

ADDRESS _____

CITY/STATE/ZIP CODE _____

LAST SCHOOL ATTENDED _____ HOW LONG? _____

REASON FOR LEAVING _____

IN ORDER TO PROVIDE US THE PROPER INFORMATION TO HELP YOUR CHILD, PLEASE COMPLETE THE FOLLOWING:

___ YES ___ NO DOES YOUR CHILD HAVE ANY PHYSICAL OR OTHER DISABILITY WHICH MIGHT AFFECT HIS/HER SUCCESS IN SCHOOL? IF YES, PLEASE DESCRIBE: _____

___ YES ___ NO HAS YOUR CHILD EVER BEEN TESTED OR EVALUATED FOR SPEECH OR LEARNING DISABILITIES? IF YES, PLEASE EXPLAIN: _____

___ YES ___ NO HAS YOUR CHILD EVER RECEIVED ANY SPECIAL HELP THROUGH THE SCHOOL DISTRICT FOR SPEECH OR LEARNING PROBLEMS? IF YES, PLEASE EXPLAIN: _____

___ YES ___ NO HAS YOUR CHILD EXPERIENCED DISCIPLINE/CONDUCT PROBLEMS, SCHOOL SUSPENSIONS, GRADE RETENTIONS, DOUBLE PROMOTIONS, ETC.? IF YES, PLEASE EXPLAIN: _____

YES NO HAS YOUR CHILD EVER BEEN DIAGNOSED AS EMOTIONALLY OR PHYSICALLY IMPAIRED? IF YES, BY WHOM AND WHEN: _____

IF YES, PLEASE EXPLAIN: _____

PLEASE GIVE ANY ADDITIONAL INFORMATION REGARDING OTHER HEALTH, ACADEMICS, SOCIAL, OR EMOTIONAL CONCERNS YOU HAVE REGARDING YOUR CHILD: _____

WHERE WILL YOU AND YOUR CHILD(REN) ATTEND CHURCH AND SUNDAY SCHOOL? _____

CHECK HERE IF YOU WISH MORE INFORMATION ABOUT THE LUTHERAN CHURCH OR A VISIT FROM SOMEONE FROM OUR CHURCH.

CHECK HERE IF YOU HAVE CHILDREN THAT YOU WOULD LIKE BAPTIZED.

IF YOU ARE NOT A MEMBER OF A LUTHERAN CHURCH, AND WOULD LIKE TO BECOME A MEMBER, YOU MUST ATTEND A SERIES OF CLASSES ON THE TEACHINGS OF THE LUTHERAN CHURCH. THESE SESSIONS ARE TAUGHT BY ONE OF OUR PASTORS.
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PARENT SIGNATURE: _____

IS THIS A KINDERGARTEN ENROLLMENT?

YES NO HAS YOUR CHILD ATTENDED PRE-SCHOOL? IF YES, GIVE THE NAME AND ADDRESS OF THE SCHOOL.
