BEAUTIFUL SAVIOR LUTHERAN SCHOOL
APPLICATION FOR ENROLLMENT 2019-2020 Pre-School

STUDENT'S NAME: _____
(LAST) (FIRST) (MIDDLE)

ADDRESS: _____
(HOUSE #) (STREET NAME) (APT. #)

_____
(CITY) (STATE) (ZIP CODE)

HOME PHONE NUMBER: _____ COUNTY: _____
SCHOOL DISTRICT: _____

BROTHERS AND SISTERS: _____ BIRTHDATE: ___/___/___

_____ ___/___/___

_____ ___/___/___

Please Check One:
Five full days: _____
Five days AM: _____
MWF full days: _____
MWF AM: _____
T TH AM: _____

BIRTHDATE: ___/___/___

MALE ___ FEMALE ____
PREVIOUS SCHOOLS:

_____

BAPTIZED: ___YES ___NO

CHURCH: _____

DATE: _____

INFORMATION ABOUT PARENTS

MOTHER'S/GUARDIAN'S NAME: _____

MOTHER'S ADDRESS (IF DIFFERENT FROM ABOVE):

_____
(STREET ADDRESS) (CITY) (STATE) (ZIP CODE)

CHURCH MEMBERSHIP

CHURCH: _____
SYNOD: _____

MOTHER'S CELL: _____ MOTHER'S WORK PHONE_____

MOTHER"S EMAIL ADDRESS:_____@_____

FATHER'S/GUARDIAN'S NAME: _____

FATHER'S ADDRESS (IF DIFFERENT FROM ABOVE):

_____
(STREET ADDRESS) (CITY) (STATE) (ZIP CODE)

FATHER'S CELL: _____ FATHER'S WORK PHONE: _____

FATHER'S EMAIL ADDRESS:_____@_____

CHECK WHERE APPLICABLE:

PARENTS: MARRIED ___ SEPARATED ___ DIVORCED ___ MOTHER DECEASED ___ FATHER DECEASED ___

STUDENT LIVES WITH: BOTH ___ MOTHER ___ FATHER ___ OTHER ___ (EXPLAIN) _____

WE HAVE READ THE SCHOOL HANDBOOK AND AGREE WITH THE RULES AND REGULATIONS.

SIGNED: _____ DATE: _____

*$50 PER STUDENT ($100 per family maximum) IS DUE AT TIME OF APPLICATION. THIS AMOUNT IS THEN CREDITED TOWARDS THE ACTUAL COST OF YOUR CHILD'S ENROLLMENT. THIS AMOUNT IS NON-REFUNDABLE.
**$100 PER FAMILY IS MAXIMUM REGISTRATION FEE.