

APPLICATION FOR ENROLLMENT

KINDERGARTEN – GRADE 8

PLEASE PRINT LEGIBLY

Name _____ Home Telephone # (____) _____
Last First Middle Nickname

Street Address _____ Social Security # _____

City _____ State _____ Zip _____ Date of Birth ____/____/____

School year student will be entering St. John's _____ Male Female Race/Ethnic Group _____
Month Day Year
Circle One

Circle grade child will be entering: Kindergarten 1 2 3 4 5 6 7 8 Is child adopted? Yes No

Father's Name _____ Mother's Name _____

Occupation _____ Occupation _____

Employer _____ Employer _____

Work Phone # _____ Work Phone # _____

Church Membership _____ Church Membership _____

Email _____ Email _____

Parents' Marital Status: _____ Married _____ Widowed _____ Single

_____ Separated _____ Divorced _____ Remarried

Child lives with: _____ Both Parents _____ Mother _____ Father _____ Other-please explain

Where will child attend Church and Sunday School? _____

Will student attend St. John's through 8th Grade? Yes No If no, through which grade and why?

HOW DID YOU LEARN ABOUT ST. JOHN'S? _____

PREVIOUS SCHOOL: _____

Previous school street address: _____

City, State, Zip: _____

PREVIOUS GRADE PLACEMENT _____

Siblings living in the home:

Name _____ Date of Birth ____/____/____ Grade _____

Name _____ Date of Birth ____/____/____ Grade _____

Name _____ Date of Birth ____/____/____ Grade _____

TO BE COMPLETED BY SCHOOL OFFICE

Date Application was received: ____/____/____ Response sent date ____/____/____

Registration fee received? Yes No Check # _____ or Cash _____

Date of enrollment ____/____/____ School Representative initials _____

EMERGENCY CARE INFORMATION

Health Insurance Carrier _____

Policy # _____ Group # _____

Name of Child's Physician _____ Office Phone # (____) _____

Office Address _____

Name of Child's Dentist _____ Office Phone# (____) _____

Office Address _____

Does the child have any known allergies? Yes No If yes, please explain _____

Does the child have physical handicaps Yes No If yes, please explain _____

I agree that St. John's School may authorize the physician of their choice to provide emergency care in the event that neither parents nor the child's physician can be contacted immediately.

Parent Signature _____ Date _____

The fee schedule for St. John's is as follows:

Application fee: \$ 75 **New enrollments only, must accompany application**

Registration fee: \$150 **Due upon acceptance**

Activity Fee: \$250 Due before June 1, 2008

Monthly Tuition: Payable to school office 1st of each month* (No Discounts)

*Unless other payment arrangements have been made with the Business Manager.

Name of person who will be fiscally responsible to pay all tuition charges:

Requirements: A child must be 5 years of age on or before August 1st of the school year in order to enroll for Kindergarten. Additionally, your kindergarten child must successfully complete the **Gesell School Readiness Screening** administered at St. John's by a certified proctor, chosen by St. John's. Kindergarten parents are responsible for the \$40 cost of the Gesell screening.

A Physician's Medical Statement, indicating that your child has been examined and properly immunized, must be filled out and submitted to the school office (after acceptance) by all new students entering K – 8. **The Physician's Medical Statement must be dated within one year's time prior to the first day of school.**

Please mail or deliver this completed and signed application to:

St. John's Lutheran School
Attn: Rose McMahan
2415 Silas Creek Parkway
Winston-Salem, NC 27103

If this application is accepted, I (we) will abide by the educational and financial policies herein set forth and by the regulations and administration of the school as prescribed by constituted authorities. I also hereby give permission to have my (our) child accompany school groups on planned and supervised trips.

Signature of Parent(s)/Guardian(s)

Date

Student Information

Each year St. John's publishes a school directory including each student's name, grade, telephone number, address, and parent's names. Some parents choose not to have their phone numbers or addresses listed. If phone numbers are unlisted, we must, of course, have them available to us at school, but we do not share those numbers with anyone.

PLEASE FILL IN THE FORM BELOW (Please print) EXACTLY AS YOU WOULD LIKE IT TO APPEAR IN THE SCHOOL DIRECTORY.

PARENT(S)/GUARDIAN(S)	STUDENT(S)	
Last Name, First Name	First Name (Last, if different)	Grade
Address		
City, State, Zip		
Phone (or unlisted)		
FURTHER EXPLANATION (IF NEEDED): ADD SECOND LISTING IF DESIRED		
Parent/Guardian Signature	Date	

Other information we would like for our records to use as needed if it applies to you.

Name	Electronic Mail (e-mail) Address
Name	Electronic Mail (e-mail) Address

Desired Action Form 2008-2009

(Please use black ink pen to complete)

Name of Student _____ Home Phone _____ - _____ - _____ Male Female
(circle one)

Grade _____ Age _____ Date of Birth ____/____/____ Social Security # _____ - _____ - _____

PARENT/GUARDIAN _____
Mother _____ Father _____

Address _____
Street _____ State _____ Zip _____

Mother's work # _____ - _____ - _____ Ext. _____ Cellular _____ - _____ - _____

Father's work # _____ - _____ - _____ Ext. _____ Cellular _____ - _____ - _____

If neither parent is reachable, whom may we contact to pick up child in case of illness or emergency:

Name	Relationship	Home #	Work #	Cell #
_____	_____	_____ - _____ - _____	_____ - _____ - _____	_____ - _____ - _____
_____	_____	_____ - _____ - _____	_____ - _____ - _____	_____ - _____ - _____

Name	Relationship	Home #	Work #	Cell #
_____	_____	_____ - _____ - _____	_____ - _____ - _____	_____ - _____ - _____
_____	_____	_____ - _____ - _____	_____ - _____ - _____	_____ - _____ - _____

List any fears, unique behavior, etc. your child may have (use back of paper if needed) _____

Physician's name/phone _____

PREFERRED HOSPITAL _____

In case of serious injury/accident or accident requiring immediate medical attention, student will be taken to the nearest hospital.

Health Insurance Carrier _____ Policy # _____ Group # _____

ALLERGIES that your child has: _____

MEDICAL CONDITIONS your child has: _____

List any maintenance medications: _____

I give permission to St. John's Lutheran School and its staff to administer First Aid and/or CPR if needed. I understand that childcare staff members are First Aid trained and CPR certified. I also give permission to St. John's Lutheran School and its staff to obtain medical treatment in the event of an emergency. I understand that we, the legal guardians, will be contacted immediately in the event of an emergency.

Parent Signature _____ Date _____ / _____ / _____

List those who your child may be released to (for your child's protection photo ID may be asked for):

1. _____ (Name) _____ (Relationship) 3. _____ (Name) _____ (Relationship)

2. _____ (Name) _____ (Relationship) 4. _____ (Name) _____ (Relationship)

******* FOR GRADES K – 8 ONLY *******

Do we have your permission to give your child acetaminophen (Tylenol) or Ibuprofen (Advil) if he/she has a headache? Yes No Parent initials _____

IF your child will need to take prescription medication at school, you will be required to fill out a separate form for each medication. All prescription medications taken at school must have a current pharmacy label with clear instructions for use.

Parent/Guardian Signature _____ Date _____