

APPLICATION FOR ENROLLMENT KINDERGARTEN – GRADE 8

PLEASE PRINT LEGIBLY

Name _____
Last First Middle Nickname

Street Address _____ Email _____

City _____ State _____ Zip _____

Home Telephone # (_____) _____ Social Security # _____

Date of Birth ____/____/____ Male Female Race/Ethnic Group _____
Month Day Year Circle One

School year student will be entering St. John's _____

Circle grade child will be entering: Kindergarten 1 2 3 4 5 6 7 8

Is child adopted? Yes _____ No _____

Where will child attend Church and Sunday School? _____

Father's Name _____ Mother's Name _____

Occupation _____ Occupation _____

Employer _____ Employer _____

Work Phone # _____ Work Phone # _____

Church Membership _____ Church Membership _____

Parents' Marital Status: _____ Married _____ Widowed _____ Single

_____ Separated _____ Divorced _____ Remarried

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

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? 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 _____

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 **Must accompany application**
- Registration fee: \$125 Due upon acceptance
- Activity Fee: \$225 Due by June 1, 2005
- Monthly Tuition: Payable to school office 1st of each month* (No Discounts)

*Unless other payment arrangements, i.e. two payments per month, are made in school office.

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, you 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
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 _____

TO BE COMPLETED BY SCHOOL OFFICE

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

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

Date of enrollment ____ / ____ / ____