

## St. Paul Lutheran Church & School

### CONNECTED IN CHRIST

### 2026 - 2027 Enrollment Application

Please complete both sides of enrollment application and return with registration fee to the school office.

2026-2027 Grade:	i dii fidifie di Cilid;			
Date of Birth:/ A	ge : Date of Bo	ptism://	Not Baptized:	
Home address:	C	ity, State:	Zip:	
Gender (circle one) M or F Church me	embership	in City:		
Child's ethnic origin: African America Previous school attended:		•		
Address:		Phor	ne #:	
How did you hear of St. Paul? Website Referral (give name)	:   Newspaper  Interr	net search 🗆 Church	h □ Other □	
IN THIS SECTION, PLEASE LIST PA		R GUARDIANS WI	TH WHOM THE CHILD IS	
PRESENTLY RESIDING.	·			
FATHER	M	IOTHER		
Name:	N	Name:		
Occupation:		Occupation:		
Employer:	E	Employer:		
Home phone:	H	Home phone:		
Work phone:	W	Ork phone:	0 * 1 * 0 * 0 * 0 * 0 * 0 * 0 * 0 * 0 *	
Cell phone:				
Sibling Information:				
Name:	DOB:	_ School Attending	!	
Name:	DOB:	_ School Attending	<b>:</b>	
Name:			:	
<b>EMAIL INFORMATION:</b> (To be used	as a communication tool.)			
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NON-REFUNDABLE REGISTRATION RATE (per student) - \$160.00 (Maximum of \$320 per family)

(\$100.00 will be credited to your first month's tuition upon your registration before April 1st)

Please turn over and continue. Thank you!



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FOR OFFICE USE ONLY
Date Received: Registration Fee Paid: Check #:
Acceptance Letter Sent:
Original to: Secretary and entered in database Copy to Principal
HEALTH INFORMATION
I. Are there any limitations of vision or hearing in which our school could help your child, as in proper seating assignment o
other action? YES NO
If YES, please explain:
2. Are there any physical handicaps which would limit participation in any classroom activity? YES NO
If YES, please explain:
3. Has your child ever been identified with special educational needs or had an IEP or 504? YES NO
If YES, please explain:
4. Are there any allergies, asthma, or other complications the teacher should be aware of? YES NO
If YES, please explain:
STUDENT'S STATEMENT OF INTENT (Please read with your son or daughter)
I. I want to attend St. Paul Lutheran School and receive a Christ-centered education. I will participate and show
reverence and respect to God in all worship services. I will strive to set a good example at all times as a Christian and a
member of the body of Christ.
2. I will show proper respect for all those in authority over me at St. Paul Lutheran School, and I will obey the rules and
regulations of the school.
3. I will do my best in all my school work with the abilities God has given me.
DateStudent's Signature
PARENT'S STATEMENT OF INTENT
I. We believe that PARENTS are responsible for the Christian education of their children. I understand that the function of
St. Paul Lutheran School is to assist Christian families in this responsibility by helping each pupil to grow in Christian love
and faith, Christian character, and academic excellence.
2. We desire a quality Christ-centered education for our child(ren). We believe that St. Paul Lutheran School will provide
this type of education for our child(ren). We understand that quality Christian education includes a partnership between
the parents, teachers, and the school. We will, therefore, include St. Paul Lutheran School in our prayers and seek to
keep open lines of communication with the school.
3. We will fully support the school's program and will encourage our child(ren) to accept all school policies and procedures
as outlined in the Student Handbook.
4. We will promptly meet our financial obligations as designated by the Board of Christian Day School and stated in the
Parent Handbook.
Date Parent/Guardian's Signature