



## Application for Enrollment

Date of Application \_\_\_\_\_

Applicant's Name \_\_\_\_\_ male  Female   
(Last) (First) (M.I.)

Preferred first name \_\_\_\_\_ applying for grade PS(AM) PS (PM) PK (AM) PK(PM)

Kind. 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, 6<sup>th</sup>, 7<sup>th</sup>, 8<sup>th</sup>. (CIRCLE ONE)

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ (A copy of the applicant's certificate of birth must accompany this application for new students.)

Age on September 1 of entering year \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

Name of Present School \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Grade \_\_\_\_\_

School Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Church Membership/Address \_\_\_\_\_ Baptism Date \_\_\_\_\_

---

Family: Correspondence will be provided to both parents unless otherwise indicated.

Is the child adopted? Yes No If yes, date of adoption \_\_\_\_\_

**Full Name of Parent 1** \_\_\_\_\_  
(Title) (Last) (First) (M.I.)

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone(\_\_\_\_) \_\_\_\_\_ Occupation/Title \_\_\_\_\_ Firm \_\_\_\_\_

Business Phone(\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

If applicable, Step-parent \_\_\_\_\_  
(Title) (Last) (First) (M.I.)

**Full Name Parent 2** \_\_\_\_\_  
(Title) (Last) (First) (M.I.)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone(\_\_\_\_) \_\_\_\_\_ Occupation/Title \_\_\_\_\_ Firm \_\_\_\_\_

Business Phone(\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

If applicable, Step-parent \_\_\_\_\_  
(Title) (Last) (First) (M.I.)

If the applicant's parents are separated or divorced, with whom does the child live? \_\_\_\_\_

Other significant caregiver \_\_\_\_\_ (Please describe relationship) \_\_\_\_\_

Please briefly describe the applicant's school experience-successes, difficulties, and relationships with teachers and peers.(Use a separate sheet if necessary)

---

---

If transferring, why are you considering a change of schools for the applicant?(Use a separate sheet if necessary)

---

---

Siblings:

Name \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Name of Present School \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Name of Present School \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Grade \_\_\_\_\_

### Additional Information

For applicants of all grades, please list teachers' names and phone numbers to contact for recommendations \_\_\_\_\_

Name of person responsible for tuition \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**\*Method of payment:** \_\_\_\_\_ **Monthly 10 (Aug.) or 12 (June)(FACTS Management)**  
\_\_\_\_\_ **Annually** \_\_\_\_\_ **Semi-Annually**  
(circle one)

Our Shepherd Lutheran School admits and welcomes students of all, color, religion, ethnic and national origin, and socio-economic backgrounds.

How did you first learn of Our Shepherd?

---

---

This application is not binding on the applicant or the school.

\*Please forward this completed enrollment form accompanied by the \$100/\$150 fee and a copy of the applicant's certificate of birth to Our Shepherd Lutheran School. **The enrollment fee is not refundable.**

Please see view book for additional information required.