



St. Peter Lutheran School

2440 North Raucholz Road

Hemlock, MI 48626

www.stpeterhemlock.org

989.642.5659

Application for Enrollment for Preschool-8th Grade

Child's Full Name	Grade Entering & Age	Birth Date	Ethnicity

Address: _____

School District: _____

Siblings of Child (not enrolling at St. Peter): _____

Home Phone: _____

Father's Name: _____ Marital Status: Married___ Divorced___ Single___
(check one)

Business or Cell Phone: _____

Email Address: _____

Occupation: _____

Place of Employment: _____

Religious Affiliation & Church Home: _____

Mother's Name: _____ Marital Status: Married___ Divorced___ Single___
(check one)

Business or Cell Phone: _____

Email Address: _____

Occupation: _____

Place of Employment: _____

Religious Affiliation & Church Home: _____

With whom does the child(ren) reside: Both___ Father___ Mother___ Guardian___

Who is responsible for book fees/tuition and other payments: _____

Has your child(ren) been baptized?: Yes___ No___ Date(s): _____

Present School of Child(ren): _____

School Address: _____

May we have permission to contact your child's teacher? Yes_____ No_____

Does your child(ren) have any serious medical or chronic health problems? (Please explain)

Is your child(ren) experiencing behavior, learning, or language difficulties? (Please explain)

Briefly describe your child's school experiences (successes, difficulties, relationship with teachers and peers) which you believe would benefit us in the learning process:

Why do you want to enroll your child at St. Peter Lutheran School?

How did you hear about our school?

For Preschool Enrollment:

Check One: _____ Preschool Only _____ Preschool and Child Care

Check the days your child will attend Preschool: Mon.____ Tues.____ Wed.____ Thurs.____ Fri.____

Check the days your child will attend Child Care: Mon.____ Tues.____ Wed.____ Thurs.____ Fri.____

This application is not binding on the applicant or upon the school. St. Peter Lutheran School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school.

An application fee of \$100 (\$20 is non-refundable) must accompany this form which will be applied to your account.

Signature

Date

Because of your child's involvement at school, his name or picture may appear in various publications: newsletters, website, newspapers, and other publications. If you do NOT want your child's name or picture included, please initial here: _____

For Office Use Only

Date Application Received: _____

Amount Paid \$ _____

Cash/Check # _____

Received by: _____