

St. John Lutheran School
655 Wayne Ave.
Defiance, OH 43512
419-782-1751

Office use only:
Date Received _____
TUITION PAID _____

INDIVIDUAL CLASS APPLICATION FORM 2008-2009

A separate form must be completed for each child to be enrolled.

Child's Name _____ Name to be called at school _____
Address _____ SS# _____ / _____ / _____
_____ Date of birth _____ / _____ / _____
Home Phone _____ Daytime Phone _____ Cell Phone _____
Email address _____ Baptism Anniversary date _____
Name of Church _____ Denomination _____
Sex: Male Female Place of Birth _____

FAMILY INFORMATION: (Please fill in any information different from the child)

Marital Status: _____ Single _____ Married _____ Separated _____ Divorced
If separated or divorced, describe custodial rights _____

Please Note: St. John requires a complete copy of court orders to be able to legally carry out custodial parent/noncustodial parent requirements of the court.

Father's Name _____ Address _____
Phone # _____ Name of Church _____ Denomination _____
Workplace and phone number _____

Mother's Name _____ Address _____
Phone # _____ Name of Church _____ Denomination _____
Workplace and phone number _____

Stepparent (___Father, ___Mother) Name _____ Address _____
_____ Phone # _____ Name of Church _____ Denomination _____

Stepparent (___Father, ___Mother) Name _____ Address _____
_____ Phone # _____ Name of Church _____ Denomination _____

Please mark the classes to be enrolled in.

RELIGION CLASS

- _____ 5th grade Religion Class (\$100.00)
- _____ 6th grade Religion Class (\$100.00)
- _____ 7&8th grade Religion Class (\$100.00)

COMPUTER CLASS

- _____ 5&6th grade Computer Class (\$100.00)
- _____ 7&8th grade Computer Class (\$100.00)

MATH CLASS

- _____ 5&6th grade Math Class (\$125.00)
- _____ 7th grade Math Class (\$125.00)

PRE ALGEBRA CLASS

- _____ 7th or 8th grade PreAlgebra Class (\$125.00)

ALGEBRA CLASS

- _____ 8th grade Algebra Class (\$125.00)

SPANISH

- _____ 5&6th grade Spanish Class (\$75.00)
- _____ 7&8th grade Spanish Class (\$75.00)

GENERAL HEALTH INFORMATION:

Please list any allergies your child has: _____

Please list any special dietary needs: _____

Please list any other medical or health needs your child has: _____

Family Doctor, Address , Phone # _____

Family Dentist, Address, Phone # _____

GENERAL INFORMATION:

Is child adopted ? ___Yes ___No Does child know? ___Yes ___No

Please list any special problems or fears experienced by your child: _____

Please list your child's interests: _____

Please list previous school attended _____

Please list brother's/sister's & ages _____

_____ I have read the policies of St. John Lutheran School as stated in the handbook and wish to enroll
(Initial) my child for the 2008-2009 school year. I have attached the appropriate nonrefundable application fee.

Father Signature _____	Date _____
Mother Signature _____	Date _____
(In cases of SHARED CUSTODY both parents must sign and date this form)	

St. John Lutheran School admits students of every race, color, gender, national or ethnic origin to all the rights, privileges, programs, and activities generally accorded to or made available to students at the school. It does not discriminate on the basis of race, color, gender, national or ethnic origin in the administration of its educational policies, admissions policies, athletic or other school administered programs.

Do not sign below this line. Office use.

Approval of School Administrator _____ (Signature)	Date _____
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**SPECIAL PERMISSION AUTHORIZATION
ST. JOHN LUTHERAN SCHOOL**

Student Name _____ Grade _____

I (**do, do not**) give permission to publish my child's name, address, and telephone number in any directory created for distribution among the school families. Possible uses of these names include addresses for birthday parties, phone numbers for calling other families, for calling for volunteers, etc.

I (**do, do not**) give permission for my child's picture to be placed in the Crescent-News or other publications.

I (**do, do not**) give permission for my child's picture and schoolwork to be displayed in school/church publications and internet web page. No names or addresses will be published here.

Special note: Your child's picture will be placed in the school year book unless we receive notification in writing that you do not grant permission for this.

Father Signature _____ Date _____

Mother Signature _____ Date _____

(In cases of SHARED CUSTODY both parents must sign and date this form)