

Accepted _____ Not Accepted _____ Conditionally Accepted _____
Date _____ Interviewed by _____
Admitted to Grade _____

ST. JOHN'S LUTHERAN SCHOOL
Application for Enrollment
300 Jefferson Street
Algonquin, IL 60102
(847) 658-9311

Appreciating the educational advantages offered by a Christian School, we hereby request that our child be enrolled as a student at St. John's.

INSTRUCTIONS: All requests need to be filled out **completely** and this application returned as soon as possible.

Child's Name: _____ Age: _____

Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Date of Birth: _____

Baptized: Yes/No & Year _____

Are both parents living at home with this child? _____ If no, please give reason: _____

If no, who has legal parental custody of this child? _____

FATHER

MOTHER

Name: _____

Name: _____

Occupation: _____

Occupation: _____

Employer: _____

Employer: _____

Business Phone: _____

Business Phone: _____

Church Member at: _____

Church Member at: _____

Your reasons for wanting your child to be enrolled at St. John's Lutheran School _____

Please continue on the back of this page . . .

In order to help us better understand your child, please list any disabilities or handicaps your child has. All information is held in the strictest confidence. _____

NOTE: If your child is being transferred from another school, please answer the following questions. The latest issue of your child's report card must accompany this application. If your child has not attended another school, then omit the information below.

School from which you intend to transfer: _____

Location: _____ Principal: _____

Reason for transfer: _____

Which grade did he/she last complete: _____ When completed? Month _____ Year _____

In which grade do you wish your child to be enrolled? _____

Estimate the level of work your child is now doing (circle one): Excellent Good Average Poor

Has your child ever been retained a grade? _____ If yes, please explain: _____

Has your child had a speech/language evaluation? _____

Has your child been given or recommended for special testing? _____

Has your child been recommended for special classes? _____

Date of testing: _____ Results of testing: _____

If you are not a member of St. John's Ev. Lutheran Church, by whom were you recommended? _____

St. John's ministry provides children with Christian training to prepare them for membership in our church. Are you willing to have your child confirmed and become a member of our church? _____

If you are not a member of a Lutheran Church – Missouri Synod, would you be interested in attending lectures on the doctrines and teachings of the Lutheran Faith? _____ Attendance at these lectures does not obligate you to become a member.

I certify that the answers to these questions are true. If records indicate that this is not correct, my child may be dismissed, immediately, from St. John's Lutheran School. Furthermore, my child's status will be probationary (3 months) pending classroom evaluation and the arrival of records from the previous school.

Parent's Signature: _____