

ST. PETER LUTHERAN SCHOOL

111 W. Olive * Arlington Heights, IL 60004

847-253-6638

www.stpeter-ah.org

\$145.00 Enrollment Fee

ENROLLMENT APPLICATION 2012 - 2013

Name: _____
LAST FIRST MIDDLE NAME PREFERS TO BE CALLED

Girl () Boy () Date of Birth _____ Home Phone _____ Date _____

Address _____
Number Street City State Zip

FATHER or Guardian _____ Address _____
(if different from above)
Work Phone _____ Cell Phone _____
Occupation _____ Employer _____
E-mail Address _____ Alumnus of St. Peter: ____ Yes ____ No

MOTHER or Guardian _____ Address _____
(if different from above)
Work Phone _____ Cell Phone _____
Occupation _____ Employer _____
E-mail Address _____ Alumnus of St. Peter: ____ Yes ____ No

Marital Status of Parents: ____ Married ____ Separated ____ Divorced ____ Not Married
Child lives with: ____ Both Parents ____ Father ____ Mother ____ Other (list) _____

FAMILY CHURCH Membership _____ Denomination _____
Number of years _____ Baptized ____ Yes ____ No Baptism Date _____

NATIONALITY:
(1) ____ Afro- American (4) ____ Asian (7) ____ Hispanic
(2) ____ Native American (5) ____ Middle Eastern (8) ____ Other: _____
(3) ____ Pacific Islander (6) ____ Caucasian- American

Place of Birth _____

SIBLINGS WITH AGES _____ () _____ () _____ () _____ ()

Class/Grade Level Applying For: (rank choices, if appropriate)

Preschool:

____ 2 half days: 3's AM ____ 2 half days: 3's PM ____ 3 half days: 3-4's AM ____ 2 half days – young 3's
____ 3 half days: 4's AM ____ 3 half days: 4's PM ____ 5 half days: 4-5's AM ____ 2 full days – young 3's
____ 2 full day: 3-5 yr olds ____ 3 full day 3-5 yr olds ____ 5 full day 3-5 yr olds

Kindergarten: ____ half day (5 half days AM) ____ full day (5 full days) **Grade:** ____ (1st – 8th grades)

*****FOR OFFICE USE ONLY*****

Date Rec'd _____ Fee Paid _____ Check Cash Rec'd by _____

SCHOOL DISTRICT Residing _____

Public School child would attend, if not attending St. Peter _____

Last School/Day Care attended _____

**At what overall grade level is your child working?

_____above grade level _____at grade level _____below grade level

Does your child have any learning difficulties/disabilities? _____Yes _____No

If yes, please comment _____

**Has your child been in special education classes? _____Yes _____No

**Has your child been retained, suspended, or expelled from school?

_____Yes _____No

If yes, please comment _____

Does your child have any mental, emotional, or physical hardships which may affect his/her activities or progress? _____Yes _____No

If yes, please comment _____

Health Needs _____Food Allergies _____Asthma _____Prolonged Illness ___Other

Please explain _____

Has your child been tested or recommended to be evaluated for _____Dyslexia
_____ADD _____ADHD _____Learning Disabilities _____Dysgraphia

Please provide testing information/results if applicable _____

Does your child take regular medication for any of the above conditions? _____

Briefly describe the personality of your child _____

In what extra-curricular activities has your child participated?_____

Why do you want to enroll your child(ren) in St. Peter Lutheran?_____

Please help us with the following information:

How did your family hear about St. Peter Lutheran School?

- Church Friend Radio Newspaper Ad Brochure
- Church Sign Present St. Peter Lutheran School Student Newsletter
- Website

***Please share the name of the current school family that referred you to enroll at St. Peter**_____

Are you currently enrolled in any of St. Peter's ministries?

- Active Member of St. Peter Lutheran Church Bible Study
- St. Peter Lutheran School (sibling) VBS
- Summer Camp Music Ministry Other:_____

NON-DISCRIMINATORY POLICY

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. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, and athletic and other school-administered programs.

STATEMENT OF COOPERATION

1. We will strive to be faithful in Church attendance.
2. We pledge to uphold the school consistently in prayer and in our conversation.
3. We will strive to serve the school with our time and talents as God provides.
4. I understand that I authorize the School to investigate my child’s academic record and to secure other pertinent information necessary to reach an admission decision. I also voluntarily waive the right of access to all information and materials of any kind received by St. Peter Lutheran School from any source in connection with the application process.
5. We understand financially:
 1. That all fees, including tuition, are non-refundable.
 2. Tuition shall be charged through the month the student is enrolled.
 3. Tuition and fees in arrears must be paid before diploma, records, or transcripts are issued.
 4. If tuition is paid in full and you leave before the school year starts or before the end of the school year, a portion of the tuition paid will not be refundable.
6. St. Peter reserves the right to dismiss any student administratively due to:
 1. Delinquent fees and/or tuition
 2. Lack of cooperation in educational process
 3. Prohibitive/on-going behavioral infractions
7. We agree that St. Peter is working as a partner with us in the training of our child(ren). We have reviewed and understand the discipline policy and goals for positive and constructive behavior and will comply with the rules and requirements listed therein.
8. We agree to follow the Matthew 18 principle in any areas of conflict.

“If your brother sins against you, go and show him his fault, just between the two of you. . .”

Parent (Father) Signature

Date

Parent (Mother) Signature

Date