

701 Washington St. Grafton, WI 53024 262-377-4659  
*Focused on Excellence...Centered on Christ*

 For Office Use Only:  
 Rec'd: \_\_\_\_\_ by \_\_\_\_\_  
 Payment Amount \_\_\_\_\_  
 Check/Cash \_\_\_\_\_  
 Computer Entry \_\_\_\_\_  
 Records Requested \_\_\_\_\_

**Fees: Pre-K-\$75.00/child, K-8-\$100.00/child non-refundable application fee.**
**Entry Grade Level:**

<u>3 year old Preschool</u>	<u>4 year old Preschool</u>	<u>Kindergarten</u>	<u>Before/After School Care</u>
___ AM ___ PM 2 day (Tuesday & Thursday)	___ AM ___ PM 3 day (Monday, Wednesday, Friday)	___ AM	___ Yes ___ No
___ AM ___ PM 3 day (Monday, Wednesday Friday)	___ AM ___ PM 5 day (Monday-Friday)	___ Full Day	

Please state 1st, 2nd, 3rd, & 4th choice.

 Child's Full Name: \_\_\_\_\_ Sex: \_\_\_ Date of Birth: \_\_\_\_\_ GradePK-8: \_\_\_\_\_  
 Child's Full Name: \_\_\_\_\_ Sex: \_\_\_ Date of Birth: \_\_\_\_\_ GradePK-8: \_\_\_\_\_  
 Child's Full Name: \_\_\_\_\_ Sex: \_\_\_ Date of Birth: \_\_\_\_\_ GradePK-8: \_\_\_\_\_  
 Child's Full Name: \_\_\_\_\_ Sex: \_\_\_ Date of Birth: \_\_\_\_\_ GradePK-8: \_\_\_\_\_  
 Child's Full Name: \_\_\_\_\_ Sex: \_\_\_ Date of Birth: \_\_\_\_\_ GradePK-8: \_\_\_\_\_

<b>Ethnic Background:</b> <input type="checkbox"/> African-American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other
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 Street Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Home telephone number: \_\_\_\_\_

May we include name, address, and phone number in the school directory? \_\_\_ Yes \_\_\_ No

Dismissal Procedure: \_\_\_ Bus \_\_\_ Walk \_\_\_ Car Pool \_\_\_ Picked up by Parent \_\_\_ Other, please explain: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

 Parental Status: \_\_\_ Married \_\_\_ Divorced \_\_\_ Unmarried \_\_\_ Guardian  Widow(er)

If the child does not live with both natural parents, with which parent does the child live? \_\_\_\_\_

Child's church membership: \_\_\_\_\_

If not a member, are you interested in becoming a member(s) of St. Paul Lutheran Church (Missouri Synod)? \_\_\_ Yes \_\_\_ No

Is your child baptized? \_\_\_ Yes \_\_\_ No If yes, what church? \_\_\_\_\_

Date of Baptism: \_\_\_\_\_

Public School District child lives in: \_\_\_\_\_

Previous School: \_\_\_\_\_

Reason for Transfer: \_\_\_\_\_

 Has your child ever been screened or evaluated for: ADD, ADHD, learning disabilities, or other areas which may impact learning?  
 \_\_\_ Yes \_\_\_ No If Yes, please explain: \_\_\_\_\_

Has your child ever received special services for a learning disability? \_\_\_ Yes \_\_\_ No

If yes, what was the nature of the services? \_\_\_\_\_

Does your child need any special prescription medications? \_\_\_ Yes \_\_\_ No If yes, please explain: \_\_\_\_\_

Health Concerns/Allergies: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Names and Birthdates of other children in the family not listed above:

 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b><u>Emergency Contacts (Other than parents):</u></b>  <b>Primary Contact:</b> _____ <b>Phone Number:</b> _____ <b>Relationship to Child:</b> _____ <b>Secondary Contact:</b> _____ <b>Phone Number:</b> _____ <b>Relationship to Child:</b> _____
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**Data on Father**

Employer: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Business Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Church: \_\_\_\_\_  
Church Address: \_\_\_\_\_  
Church Status:  Active  Inactive  
Email Address: \_\_\_\_\_

**Data on Mother**

Employer: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Business Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Church: \_\_\_\_\_  
Church Address: \_\_\_\_\_  
Church Status:  Active  Inactive  
Email Address: \_\_\_\_\_

**Admissions Policy:**

As an institution of Christian education, St. Paul Lutheran School opens its programs and activities to boys and girls on an equal basis, regardless of race, national origin, or ethnic background, for all people are created by God and are loved by Him.

**PARENTS' STATEMENT OF INTENT**

We desire a quality Christ-centered education for our child(ren). We understand that this education is a partnership between parents, students, teachers, and the school. We will therefore include St. Paul Lutheran Church and School in our prayers and will work to keep the lines of communication open.

- ***We will show respect for God and His Word by*** faithfully attending worship and Bible study. Actively supporting St. Paul Lutheran Church and School with our God-given treasures and sacrificial offerings and having our child(ren) sing in church services when scheduled.
- ***We will show respect for those in authority by*** supporting the philosophy and policies of the School and cooperating with teachers, the principal, and the Board of Christian Day School.
- ***We will show respect for other people by*** urging our child(ren) to lead a God-pleasing life by showing love and forgiveness toward others.
- ***We will show respect for the learning process and the classroom environment by*** providing a Christian environment for learning and homework. By providing assistance for the spiritual, physical, social, emotional, and academic growth of our child(ren) and encouraging our child(ren) to attend school regularly, be on time, and complete all work on time.

**STUDENTS' STATEMENT OF INTENT**

I want to attend St. Paul Lutheran School and receive a Christ-centered education.

- ***I will show respect for God and His Word by*** faithfully attending worship and Bible study.
- ***I will show respect for those in authority by*** cooperating with teachers, the principal, and the Board of Christian Day School.
- ***I will show respect for my classmates and other people by*** praying for and with my classmates and teachers and by treating other people in love as I would want to be treated.
- ***I will show respect for the learning process and the classroom environment by*** doing my best in all my school work in accordance with the abilities God has given me.

**GENERAL MEDIA AND SCHOOL COVERAGE**

Throughout the year there may be in-school programs, events or meetings that are open to the public and where large group photographs or videotapes will be taken by the media or school staff. In these cases, students would not be identified by name. *Your consent to these types of group photographs or videotapes is assumed, UNLESS YOU NOTIFY YOUR CHILD'S SCHOOL IN WRITING that you do not want your child included in such photographs or videotapes.*

**SPECIFIC MEDIA COVERAGE AND SCHOOL PUBLICATIONS**

In addition to the above situations, there may be times the media (newspaper, television or radio) or school staff, *with the approval of the principal*, may take photographs, audio/videotape students or interview students in a manner that would *individually identify a specific student*. The school may display student pictures and projects in a variety of ways that reasonably portray programs of St. Paul Lutheran School, including pictures of field trips, science fairs, and other activities appearing in yearbooks or school publications. (Please circle your choice for each area below):

- I DO / DO NOT give permission for my child to be individually photographed, audio/videotaped or interviewed by the media.**
- I DO / DO NOT give permission for my child's photograph to appear on the St. Paul Lutheran web site or in publications.**
- I DO / DO NOT give permission for my child's full name and grade to appear on the St. Paul Lutheran web site or in publications.**
- I DO / DO NOT give permission for my child's work, first name, grade, and school to appear on the St. Paul Lutheran web site or in publications.**

Father's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_\_