

**ST. JOHN LUTHERAN SCHOOL**

222 N Stafford Street, Plymouth, WI 53073

(920)-893-5114 Phone

(920)-892-2845 Fax

info@stjohnplymouth.org

**APPLICATION FOR ADMISSION K-8  
2010-11 School Year**

Student's Name \_\_\_\_\_ For Grade \_\_\_\_\_  
(last) (first) (middle)

Address \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (State/zip)

Public School District the student resides in \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Home Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Business Name \_\_\_\_\_ Bus. Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Business Name \_\_\_\_\_ Bus. Phone \_\_\_\_\_

Marital Status of Parents \_\_\_\_\_ Child Lives With \_\_\_\_\_ Both Parents \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Guardian  
\*(If applicable: Copies of legal custodial rights should be filed in the school office)

E-Mail Address \_\_\_\_\_

Brothers/Sisters (name, age, school):

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

**Transportation:** \_\_\_\_\_ Bus \_\_\_\_\_ Car \_\_\_\_\_ Walk \_\_\_\_\_ Distance From School \_\_\_\_\_

Previous School(s) - list below beginning with most recent:

\_\_\_\_\_  
(School/address) (Grade) (Dates)

\_\_\_\_\_  
(School/address) (Grade) (Dates)

\_\_\_\_\_  
(School/address) (Grade) (Dates)

**Complete all sections and attach a copy of your child's last report card & standardized test scores.**  
**An official copy of the birth certificate must be presented at the school office for verification.**

Birth Certificate Verified : DOB \_\_\_\_\_ Verified by \_\_\_\_\_

**Briefly Describe Your Child in the Following Areas:**

Educational maturity \_\_\_\_\_

Social maturity & personality \_\_\_\_\_

Physical health (include any allergies/restrictions) \_\_\_\_\_

Special needs of which the school should be aware \_\_\_\_\_

How did you learn about St. John Lutheran School \_\_\_\_\_

Religious Affiliation \_\_\_\_\_ Place of Worship \_\_\_\_\_

Date of Child's Baptism \_\_\_\_\_ Child's Social Security Number \_\_\_\_\_

- ◆ Do you agree to support the school's program of Christian education by word and example and to cooperate with the school in its program of Christian worship attendance?  Yes  No
- ◆ I have read the information regarding my financial commitments and agree to comply with the expectations of this Application. My child's tuition, in the amount of \$\_\_\_\_\_, will be made on the following basis (**check one**):

Enrollment is finalized when you submit your \$100.00 non-refundable deposit and your tuition payment arrangements have been made. This must occur prior to August 2, 2010. There are only two payment methods available at St. John:

- \_\_\_\_\_ 1. Pay in full by August 2, 2009, and receive a 5% discount on the final balance due after all discounts, or;
- \_\_\_\_\_ 2. Fill out the Simply Giving Form included in the registration packet and your tuition payment will be electronically transferred to St. John Lutheran School on the 1<sup>st</sup> or the 15<sup>th</sup> of each month

Program	Member Tuition	Non-Member Tuition	
3K, 2 day (T,Th)	\$ 900.00	\$ 900.00	(\$100.00 Deposit Fee to be applied toward tuition)
3K, 3 day (M,W,F)	\$ 1200.00	\$ 1200.00	(\$100.00 Deposit Fee to be applied toward tuition)
4K, 5 day	\$ 1200.00	\$ 1450.00	(\$100.00 Deposit Fee to be applied toward tuition)
Grades K-8	\$ 1400.00	\$ 2500.00	(\$100.00 Deposit Fee to be applied toward tuition)

Multi-child discount: 2<sup>nd</sup> child receives a \$100 discount, 3<sup>rd</sup> and additional children receive a \$200 discount per student.

Annually (due in full August 2<sup>nd</sup>: 5% discount on balance due after all discounts)

Monthly (9 or more payments that must be paid in full by May 1<sup>st</sup>, or May 15<sup>th</sup>)

**Electronic Fund Transfer Only**

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of person responsible for payment)

\_\_\_\_\_  
(Date)