

OFFICE ONLY:
Ed Choice _____
Full Pay _____

ST. JOHN LUTHERAN SCHOOL
4386 Mayfield Road, South Euclid, Ohio 44121
Phone (216) 381-8595 Fax: (216) 381-1564
Web Site: www.stjohnsoutheuclid.org

APPLICATION FORM (Please print all information)
STUDENT INFORMATION

Name of Student _____ Date of Birth _____
Social Security #(last 4 digits) _____
Home Address _____
City _____ Zip _____ Home Phone # _____
Race _____ Gender () Male () Female
Student Lives With () Mother () Father () Both Parents () Guardian or Other _____
Student Attends Church () Yes () No If YES, where _____
Grade Student Applying For _____ Baptism Date _____
Name of school building your child would attend or currently attending _____
Name of Public School District _____

PARENT INFORMATION

Father () Guardian () Stepfather () Name _____ Soc. Security # (last 4) _____ Business Phone # _____ Cell # _____ email _____	Mother () Guardian () Stepmother () Name _____ Maiden Name _____ Soc. Security # (last 4) _____ Business Phone # _____ Cell # _____ email _____
---	---

_____ **Check to receive regular updates from St. John's (text, email and school closings)**

FAMILY INFORMATION

Brother(s) & Sister(s) Names	Age	Grade	School Attending
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OFFICE ONLY:
Ed Choice _____
Full Pay _____

PURPOSE OF ENROLLMENT

Why are you considering our school? _____

EDUCATIONAL BACKGROUND

List Schools applicant has attended in the past:

School Name	Grade	Dates Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

Answer YES or NO to the following questions:

- Has Student Repeated a Grade? YES () NO ()
- Received Tutoring? YES () NO ()
- Participated in Special Learning Program? YES () NO ()
- Currently on Medication? YES () NO ()
- Participated in a Gifted Program? YES () NO ()
- Received Honors/Awards? YES () NO ()
- Difficulties in Reading? YES () NO ()
- Difficulties in Math? YES () NO ()
- Any Discipline Problems? YES () NO ()
- Ever Suspended/Expelled? YES () NO ()

OFFICE ONLY:
Ed Choice _____
Full Pay _____

ADDITIONAL STUDENT INFORMATION (please comment)

Educational Maturity: _____

Social Maturity and Personality: _____

Physical Health (include any allergies/restrictions): _____

Any needs of special concerns the school should know about: _____

PARENT INVOLVEMENT

Your child will receive a much deeper, more fulfilling experience if you become involved in one or more aspects of the school and its programs. You are invited to indicate your interest in any of the following areas: indicate (F) for Father and (M) for Mother in each category, Interest (I) or Experience (E).

Aide in Library	(I)	(E)	Aide in Music	(I)	(E)
	_____	_____		_____	_____
Aide in Classroom	_____	_____	Physical Education	_____	_____
Athletics	_____	_____	Technology	_____	_____
Coach	_____	_____	Referee	_____	_____
Parent Teacher League	_____	_____			

In what way could you help the school? _____

How did you hear about the school? _____

If referred by a current school family, please give us their name.

OFFICE ONLY:
Ed Choice ____
Full Pay ____

FAMILY ENROLLMENT AGREEMENT

We as a family will....

- Support the goals, purposes and objectives of the school as stated in this information packet to the best of our abilities.
- Agree that once my child(ren) start the school year, I am responsible for 100% of the Educational/Technology fees no matter how many days attend.
- Understand that Bible class, a weekly chapel service, and a Christian environment is an integral part of the school.
- Agree that if there are any concerns in the school, we will attempt or resolve them through appropriate channels one stop at a time; talking to the teacher, then the principal and finally through the Principal to the Board of Education.
- Understand that all new students are on a ninety-day probationary period to determine if the school fits the needs of the child.
- Agree as a condition of enrollment to pay the tuition and fees. We understand that these are due and payable in order for our child(ren) to remain in the school. We understand that if the balance is delinquent in excess of 30 days, and an acceptable alternative has not been approved by the school administration, our child(ren) will not be permitted to return to school until all delinquent obligations are paid in full. Records will not be released unless a child's balance is paid in full. IF MARRIED OR BOTH PARTIES ARE TAKING ON FINANCIAL RESPONSIBILITY, both must sign.

Signed by Parent _____ Date _____

Signed by Parent _____ Date _____

St. John 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. The school does not discriminate on the basis of race, color, national or ethnic origin in administered programs.

A \$50.00 ENROLLMENT FEE must accompany this application to admit your child to St. John Lutheran School. This fee is NON-REFUNDABLE. All statements must be completed in order for this application to be processed.

Signature _____ Date _____

OFFICE USE ONLY

Date Received _____ Amount Paid _____
Cash – Receipt # _____
Check # _____