



Student Registration Form

2009 – 2010

St. John's Evangelical Lutheran School

Wisconsin Evangelical Lutheran Synod
135 S. Old Baltimore Pike
Newark, DE 19702-1535

Dale Schulz, Pastor
Andrew Monday, Principal

Church (302) 368-7394
School (302) 738-6806
www.stjohnsde.org

*** Please be sure to fill out both sides of this form ***

Student Information

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone Number (most reachable): _____

Date of Birth: _____

Grade Applying for: _____

Check One: Returning Student

New Student (Please fill out questions 1 through 5)

1. Previous School: _____

2. Address of School: _____

3. Is your child baptized? Yes No

4. Our program of education at St. John's is a Christ-centered education. Every subject is taught in the light of God's Word. Will you work with your child at home to review the Christ-centered lessons that they receive at our school? Yes No

5. As your child progresses through the elementary level grades, do you intend to continue their enrollment in a Christian school? Yes No

Family Information

The information provided below will only be used for communication/contact between St. John's Lutheran School and your family.

Father/Guardian: _____ Mother/Guardian: _____
Employer: _____ Employer: _____
Employer Phone #: _____ Employer Phone #: _____
Cell Phone #: _____ Cell Phone #: _____
Email Address: _____ Email Address: _____
Siblings and their ages: _____
Religion / Denomination: _____
Church Currently Attending: _____

Registration Fee Information

***** Please Note: All registration fees are non-refundable *****

Registration Fees for all new elementary and Kindergarten students must be paid at time of enrollment.

Registration Fees for all returning students who reside in the state of Delaware and are re-enrolling in Kindergarten through eighth grade may apply their family's Transportation Credit (T.C.) to the family's registration fee.

Registration Fee Paid \$ _____
_____ Cash _____ Check # _____ _____ T.C.

Please indicate below how you found out about St. John's Lutheran School.

- | | |
|-------------------------------|--------------------------------|
| 1. Advertising (where) _____ | 4. School / Church Flyer _____ |
| 2. School / Church Sign _____ | 5. Referral _____ ** |
| 3. Phone Book _____ | 6. Other _____ |

** If a family member of someone currently enrolled at St. John's referred you to our school, please fill out the following:

Name of person who recommended St. John's: _____

Registration submitted by:

Signature of Parent or Guardian

Date

Registration received by:

Representation of St. John's

Date