

*St. Peter's Lutheran School*  
**APPLICATION FOR ENROLLMENT 2012-2013**  
8701 Elk Grove-Florin Road  
Elk Grove, CA 95624  
(916) 689-3050

***Student Information:***

Date of application: \_\_\_\_\_ Grade: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Name: \_\_\_\_\_  
*last name first name initial legal last name (if different)*

Home address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Home church: \_\_\_\_\_ Do you attend regularly? \_\_\_\_\_ Baptismal date: \_\_\_\_\_

***Parent/Guardian Information:***

Mother: \_\_\_\_\_ Occupation: \_\_\_\_\_ Employer's name: \_\_\_\_\_

Home mailing address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell/beeper number: \_\_\_\_\_

Father: \_\_\_\_\_ Occupation: \_\_\_\_\_ Employer's name: \_\_\_\_\_

Home mailing address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell/beeper number: \_\_\_\_\_

Step parent/guardian: \_\_\_\_\_ Occupation: \_\_\_\_\_ Employer's name: \_\_\_\_\_

Home mailing address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell/beeper number: \_\_\_\_\_

Custody of student: \_\_\_\_\_

*The legal custody document and specific conditions of custody must be submitted to the office in writing before admittance.*

***Other Information:***

School last attended: \_\_\_\_\_

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please briefly state your reason for desiring enrollment for your child at St. Peter's Lutheran School: \_\_\_\_\_

\_\_\_\_\_

Has your child had any special learning problems or disabilities, which might affect his/her progress in school?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Does your child have any physical handicaps, speech difficulties, chronic illnesses, allergies, or unusual diseases?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

Names and dates of birth of siblings: \_\_\_\_\_



**This application is valid only when all parts are completed and signed below to indicate acceptance of the conditions stated below.** St. Peter’s Lutheran School admits students of any race, color, gender, national or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at this school. The school does not discriminate on the basis of race, color, gender, national or ethnic origin in administration of its educational policies, admission policies, or other school administered programs.

Completion of this application does not guarantee enrollment. All applicants will be evaluated on the basis of previous academic performance, academic ability, student conduct, and personal and family commitment to Christ. Upon notification of acceptance, your child’s place is reserved.

When an application is submitted, a new student evaluation fee of \$50 (non-refundable) and the \$175 registration fee must be paid. *Note: The registration fee will be \$200 after March 31, 2012.* If the child is not accepted as a student, the registration fee will be returned in full. Tuition fees are payable at this time or in equal monthly payments.

As parent or guardian of the above named child, I agree to:

1. Satisfy the necessary requirements of making application, including a placement evaluation and an evaluation from the child’s present teacher or counselor.
2. Support the objectives of St. Peter’s Lutheran School while cooperating with the teachers and administration in assisting the child in faithful and diligent work and in the exercise of Christian discipline and training.
3. Pay tuition charges, applicable extended day care charges, and required fees as per the schedule established by the school.
4. Provide the necessary health and immunization records and other school data as requested.

***Signature of parent/guardian is required.***

\_\_\_\_\_  
*Parent/Guardian*

\_\_\_\_\_  
*Date*

***ALL NEW students must present a birth certificate or baptismal certificate for verification of age.***

1. All students must be potty trained.
2. Students must be 3 years by September 1<sup>st</sup> to enroll in the 3 year-old program.
3. Students must be 4 years by October 1<sup>st</sup> to enroll in the 4 year-old program.
4. Students must be 5 years by November 1<sup>st</sup> to enroll in the Kindergarten program
5. Students must be 6 years by November 1<sup>st</sup> to enroll in the 1<sup>st</sup> grade program
6. Students must be 7 years by December 2<sup>nd</sup> to enroll in the 2<sup>nd</sup> grade program
7. Students must be 8 years by December 2<sup>nd</sup> to enroll in the 3<sup>rd</sup> grade program
8. Students must be 9 years by December 2<sup>nd</sup> to enroll in the 4<sup>th</sup> grade program
9. Students must be 10 years by December 2<sup>nd</sup> to enroll in the 5<sup>th</sup> grade program
10. Students must be 11 years by December 2<sup>nd</sup> to enroll in the 6<sup>th</sup> grade program
11. Students must be 12 years by December 2<sup>nd</sup> to enroll in the 7<sup>th</sup> grade program
12. Students must be 13 years by December 2<sup>nd</sup> to enroll in the 8<sup>th</sup> grade program