

**St. John Lutheran School
Battle Creek, Nebraska
Enrollment Application**

Student Information

Name: (Last) _____ (First) _____ (Middle) _____
Address _____ PO Box _____ City _____ Zip _____ Primary Phone # _____
Date of application _____ Enrolling in grade _____
Gender: Male Female Ethnicity: Hispanic Non-Hispanic
Race: (check all that apply) African American American Indian, Alaska Native Hispanic
 Asian/Pacific Islander Caucasian Multi-ethnic
Date of Birth: _____ Place of Birth: _____ Adopted? Yes No
Date of Baptism _____ Church where baptized _____ City _____ State _____
Church Membership: _____ Denomination _____
Last school attended: _____ City _____ State _____ Grades _____
Marital status of parents: Married Separated Divorced Not married
Child resides with (check all that apply): both parents mother father grandparent(s)
 stepmother stepfather guardian other

Family #1 Information (Where student resides)

Father/Step-father

Mother/Step-mother

Name (Last) _____ (First) _____
Address _____ PO Box _____
City _____ Zip _____
Public school district you reside in _____
Place of employment _____
Work # _____ Cell # _____
Email _____
Church Membership _____

Name (Last) _____ (First) _____
Address _____ PO Box _____
City _____ Zip _____
Public school district you reside in _____
Place of employment _____
Work # _____ Cell # _____
Email _____
Church Membership _____

Name and relationship of other adults residing in the household: _____

Siblings: Name _____ Date of Birth _____ School _____

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Emergency Contacts (Grandparent, neighbor, or friend whom we may contact in an emergency)

Name _____ Relationship _____ Cell # _____ Home # _____

Name _____ Relationship _____ Cell # _____ Home # _____

Name _____ Relationship _____ Cell # _____ Home # _____

Non-Discrimination Policy

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. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

Family #2 Information (Non-custodial parent)

Father/Step-father

Mother/Step-mother

Name (Last) _____ (First) _____

Name (Last) _____ (First) _____

Address _____ PO Box _____

Address _____ PO Box _____

City _____ Zip _____

City _____ Zip _____

Public school district you reside in _____

Public school district you reside in _____

Place of employment _____

Place of employment _____

Work # _____ Cell # _____

Work # _____ Cell # _____

Email _____

Email _____

Church Membership _____

Church Membership _____

Name and relationship of other adults residing in the household: _____

Siblings: Name _____ Date of Birth _____ School _____

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Does this child have any learning difficulties/disabilities? Yes No Comments _____

Has your child been in special education classes? Yes No Comments _____

Has your child been retained, suspended, or expelled from school? Yes No Comments _____

Does your child have any mental, emotional, or physical hardships which may affect his/her activities or progress?
 Yes No Comments _____

Has your child been tested or recommended to be evaluated for: Dyslexia ADD ADHD
 Learning disabilities Dysgraphia Other (Provide testing information/results if applicable)

Does your child take any medication for any of the above conditions? _____

How did your family hear about St. John Lutheran School? _____

The following individuals have permission to pick up my child from school:

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

If, in an emergency, none of the persons authorized to assist your child can be reached, do you authorize the principal and/or teacher to act on your behalf to provide emergency medical assistance if deemed by him/her to be necessary? Yes No

Parent/Guardian #1 Signature _____ Date _____

Parent/Guardian #2 Signature _____ Date _____