



# Star of Bethlehem Lutheran School

## PRESCHOOL APPLICATION FOR ADMISSION

STUDENT INFORMATION				Date
Student's Name (first, middle, last)				Male <input type="checkbox"/> Female <input type="checkbox"/>
Address				With whom does the child reside? _____
Date of Birth	Place of Birth	Age	Ethnicity	Telephone
Applying for (please list 1st choice and 2nd choice) ____ 4K- Monday, Wednesday, Friday morning from 9:00am-11:30am ____ 4K - Monday, Wednesday, Friday morning from 8:00am-12:30pm ____ 3/4K combination - Monday, Wednesday, Friday from 12:00-2:30pm ____ 3K - Tuesday and Thursday morning from 9:00am-11:30am ____ 3K - Tuesday and Thursday morning from 8:00am-12:30pm				School Year Applying for _____ Public School District of Residence _____ Parental Status (married, single, divorced, other) _____
My child will be attending the Early Learning Center the following days? Check all that apply.				<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F
I am interested in more information regarding my child attending the Early Learning Center for some or all of the time between 7:15am - 5pm on those days not attending preschool.				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Do you intend to send your child to Star of Bethlehem Kindergarten in the future?				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure

PARENT/GUARDIAN INFORMATION			
Father/Guardian's Name	Residence Telephone	Cell Phone	Email Address
Residence Address		City, State, Zip	
Father's Occupation	Employed by	Business Telephone	Ext.
Mother/Guardian's Name	Residence Telephone	Cell Phone	Email Address
Residence Address		City, State, Zip	
Mother's Occupation	Employed by	Business Telephone	Ext.
If parents are divorced or separated, to whom should admissions correspondence be with		If you wish correspondence to be sent to an address other than the child's, please indicate here:	

CHURCH INFORMATION	
Name of church currently attending _____	Is your child baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you members of your church? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your child regularly attend church? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you regularly attend church? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your child regularly attend Sunday School? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you wish to become a member of Star of Bethlehem? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
Are you interested in attending classes which explain the teachings of Star of Bethlehem? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	

DEVELOPMENTAL INFORMATION
Has your child ever had problems with regard to (check all that apply): <input type="checkbox"/> Social Adjustment <input type="checkbox"/> Discipline <input type="checkbox"/> Speech <input type="checkbox"/> Motor Skills <input type="checkbox"/> Other Please explain: _____
Have you read the <i>School Handbook</i> ? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you agree to comply with all policies as defined by the school handbook? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is your child toilet trained? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain: _____

**SIBLING INFORMATION**

Name	Birthday	Age	Grade	School
Name	Birthday	Age	Grade	School
Name	Birthday	Age	Grade	School
Name	Birthday	Age	Grade	School

**REASONS FOR ENROLLING**

Why do you wish to enroll your child in Star of Bethlehem Lutheran School?

**PARENT/GUARDIAN SIGNATURES**

I hereby declare that, to the best of my knowledge and belief, the information given in this application is true and complete, and I have not withheld any medical, academic, behavioral, and/discipline issues. I understand that if my child has been expelled or referred for expulsion in a previous school, it is my obligation to inform the principal upon applying for admittance. Failure to answer all questions honestly could not only be detrimental to your student and others, but also grounds for dismissal from school. In addition, upon enrollment I agree to pay all school bills in a timely manner and understand that Star of Bethlehem Lutheran School may hold my child's transcripts and academic records until payment is made in full.

Father's signature	Date
Mother's signature	Date

**CHURCH & SCHOOL STAFF COMMENTS**

Principal's comments:

Board of Education comments, if applicable:

*for office use:*

date received _____	files requested _____
handbook reviewed _____	health record _____
registration paid _____	Amount \$ _____ Check # _____ Date _____