

SALEM LUTHERAN SCHOOL APPLICATION

Please fill out a separate form for each child enrolling. Additional forms are available from the school office or from www.salemjaxschool.net

Entry Grade Level:

Preschool:

2 year old

- 5 Full Days (8am- 3pm)
- 5 Half Days (8am-11am)
- 3 Full Days (MWF- 8am-3pm)
- 3 Half Days (MWF- 8am-11am)
- 2 Full Days (T, TH- 8am-3pm)
- 2 Half Days (T, TH- 8am-11am)

3 year old

- 5 Full Days (8am- 3pm)
- 5 Half Days (8am-11am)
- 3 Full Days (MWF- 8am-3pm)
- 3 Half Days (MWF- 8am-11am)
- 2 Full Days (T, TH- 8am-3pm)
- 2 Half Days (T, TH- 8am-11am)

4 year old

- 5 Full Days (8am- 3pm)
- 5 Half Days (8am-11am)

Extended Care

- Early AM
- Before and After Care
- After PM

Grades K-8: Full Day K 1 2 3 4 5 6 7 8

Child's Full Name: _____

Date of Birth: _____

Sex: _____

Street Address: _____

City, State, Zip: _____

Home telephone number: _____

May we include name, address, and phone number in the school directory? Yes No

Ethnic Background:

- African-American Native American
- Asian Caucasian
- Hispanic Other

Mother's Name: _____

Father's Name: _____

Parental Status: Married Divorced Unmarried Guardian Widow(er)

If the child does not live with both natural parents, with which parent does the child live? _____

Child's church membership: _____

Is your child baptized? Yes No If yes, what church? _____

Date of Baptism: _____

Public school district child would attend: _____

Previous School: _____

Reason for Transfer: _____

How did you hear about us? _____

Has your child ever been expelled from a school? Yes No

Has your child ever been screened or evaluated for: ADD, ADHD, learning disabilities, or other areas which may impact learning? Yes No If Yes, please explain: _____

Has your child ever received special services for a learning disability? Yes No

If yes, what were the nature of the services? _____

Child's Doctor: _____

Doctor's Telephone Number: _____

Insurance Carrier: _____

Health Concerns/Allergies: _____

Names and Birthdates of other children in the family:

Data on Father

Employer: _____

Occupation: _____

Business Phone: _____

Cell Phone: _____

Church: _____

Church Address: _____

Church Status: Active Inactive

Email Address: _____

Data on Mother

Employer: _____

Occupation: _____

Business Phone: _____

Cell Phone: _____

Church: _____

Church Address: _____

Church Status: Active Inactive

Email Address: _____

Admissions Policy:

Salem Lutheran School admits students of any race, sex, color, national and ethnic origin to all the rights and privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, sex, color, national or ethnic origin in administration of its' education policies and athletic or other school administered programs.

Parental Pledge of Support:

We, the parents (primary care givers), pledge our full support and cooperation to the faculty of Salem Lutheran School with regard to the work and conduct required of our child. We further pledge our support of Christian education in our home through our example and by worshiping regularly with our child. We agree to make tuition payments on time and to promptly meet other financial obligations as they arise. We will pray regularly for the ministry of Salem Lutheran School.

Father's Signature: _____ **Date:** _____

Mother's Signature: _____ **Date:** _____

Thank you for considering Salem. We look forward to working with you as a team. Please contact the teachers or principal if there are any questions or concerns. God bless your family as we work together to provide the foundation and nurture needed by our children.