

KINDERGARTEN APPLICATION FORM

Student is: () Sibling of a current student () Member of St. Thomas Lutheran Church () Preschool Student Last Year

STUDENT INFORMATION

Name of Student _____ Date of Birth _____
Home Address _____ Home e-mail _____
City _____ State _____ Zip _____ Home Phone# _____ (listed)
Gender () Male () Female Home Phone# _____ (unlisted)
Student Lives With () Mother () Father () Both Parents () Guardian or Other _____
Student Attends Church () Yes () No If yes where _____
Baptism Date _____ Resident of Public School District _____
Name of Public School Student would attend if not at St. Thomas _____

PARENT INFORMATION

Father () Guardian () Stepfather () or Title _____
Name _____
Business Phone # _____
Employer or Business Name _____
Occupation _____
Employer Address _____
Does employer have a matching gift program? _____
Home address & phone (if different from student) _____
e-mail address _____
Married () Divorced () Separated ()
Remarried () Widowed ()
Biological Father's ethnic origin: Caucasian ()
African American () Hispanic ()
Asian American () Other ()

Mother () Guardian () Stepmother () or Title _____
Name _____
Business Phone # _____
Employer or Business Name _____
Occupation _____
Employer Address _____
Does employer have a matching gift program? _____
Home address & phone (if different from student) _____
e-mail address _____
Married () Divorced () Separated ()
Remarried () Widowed ()
Biological Mother's ethnic origin: Caucasian ()
African American () Hispanic ()
Asian American () Other ()

FAMILY INFORMATION

Brother(s) & Sister(s) Names	Age	Grade	School Attending
_____	_____	_____	_____
_____	_____	_____	_____

GRANDPARENT INFORMATION (to be included on our mailing list)

Name of Father's Parents _____
Address _____
City _____ State _____ Zip _____

Name of Mother's Parents _____
Address _____
City _____ State _____ Zip _____

OTHER GRANDPARENT INFORMATION (to be included on our mailing list)

Name _____
Address _____
City _____ State _____ Zip _____

Name _____
Address _____
City _____ State _____ Zip _____

*****Please enclose a copy of the student's birth certificate with your registration form. The \$75 Registration Fee MUST accompany this application for enrollment.**

YOU MUST FILL OUT THE SACC REGISTRATION FORM ALSO IF YOU NEED BEFORE AND/ OR AFTER SCHOOL CARE

St Thomas 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. The school does not discriminate on the basis of race, color, national or ethnic origin in administration of educational policies, admission policies, grant-in-aid program, and athletic and other school administered programs.