

**PRE SCHOOL APPLICATION**

St. Thomas Lutheran School-ECC  
21211 Detroit Road  
Rocky River, Ohio 44116

Date \_\_\_\_\_  
School Year \_\_\_\_\_

**STUDENT INFORMATION**

*Please provide a copy of child's birth certificate.*

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State & Zip \_\_\_\_\_

Gender : ( ) Male ( ) Female

Ethnic Origin: ( )Caucasian ( )African American ( )Hispanic ( )Asian American ( )Other

Student lives with: ( ) Mother ( ) Father ( ) Both Parents ( ) Guardian ( ) Other

Student Attends Church ( ) Yes ( ) No If Yes, Where \_\_\_\_\_

Baptized? ( ) Yes ( ) No Date & Place of Baptism \_\_\_\_\_

Class Applying for: ( ) 3 yr. Old ( ) 4 yr. Old-1/2 day ( ) ALL DAY 4 YR OLD

**PARENT INFORMATION**

**Father's Name** \_\_\_\_\_

( ) Biological ( ) Guardian ( ) Stepfather or Title: \_\_\_\_\_

Married ( ) Divorced ( ) Separated ( ) Remarried ( ) Widowed ( )

Employer \_\_\_\_\_ Work Phone # \_\_\_\_\_

Work Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Mother's Name** \_\_\_\_\_

( ) Biological ( ) Guardian ( ) Stepmother or Title: \_\_\_\_\_

Married ( ) Divorced ( ) Separated ( ) Remarried ( ) Widowed ( )

Employer \_\_\_\_\_ Work Phone # \_\_\_\_\_

Work Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

E-mail Address \_\_\_\_\_

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.