PRE SCHOOL APPLICATION (1/2 DAY PRE- K)

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

Date	
School Year	

STUDENT INFORMATION

Registration Fee must accompany application form. *Please provide a copy of child's birth certificate.*

Name of Student			Date of Birth				
	sian ()Afri	can American ()Hispanic ()A	State &Zip Asian American ()Other Guardian () Other			
Student Attends Church	() Yes () No If Yes, W	here				
Baptized? () Yes () No Date	& Place of Bapti	sm				
Preschool days to add:	TH F_						
FAMILY INFORMATION Father's Name () Biological () Guard Married () Divorced (dian ()S	Stepfather or Tit	tle:	wed ()			
Employer			Work P	none #			
Work Address							
Home Phone #	Cell Phone #						
E-mail Address				<u></u>			
Married () Divorced (Employer) Separa	ted () Remarri	ed () Wido	wed ()			
Work Address							
Home Phone #		C	ell Phone #				
E-mail Address							
Sibling(s) Names	Age	Grade		ol Attending			

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.

PRE SCHOOL ENRICHMENT REQUEST FORM (1/2 Day Pre-K class)

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

Date						
School Year						
Name of Student						
Days Attending: M	Т	W	Th	F		

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