

Word of Life Lutheran School
6535 Eichelberger
St. Louis, MO 63109
314-832-1244

APPLICATION FOR ENROLLMENT

_____ Accepted _____ Not Accepted _____ Provisional Acceptance
Interviewed by _____ Date _____ Grade Level _____

Date of Application _____

Please answer all questions below and on back, sign and return this application immediately to the school office.

Appreciating the advantages offered by a Christian school, we hereby request that our child be enrolled as a student of Word of Life Lutheran School.

Student's Name _____ Age _____ Home Telephone _____

Address _____ Zip Code _____ Work Telephone _____

Email Address _____

Date of Birth _____ Baptized _____
Month Day Year Month Day Year

Ethnic Group _____ Gender _____ Church _____ City _____

Public School District _____ Public School My Child Would Attend _____

Are both parents living at home with this child? _____ (If no, explain here) _____

Father's Name _____ Father's Church _____
Occupation _____ Member _____ Yes _____ No
Pastor's Name _____

Mother's Name _____ Mother's Church _____
Occupation _____ Member _____ Yes _____ No
Pastor's Name _____

Brothers and Sisters (List names and birthdays)

If not a member of one of our churches, how did you learn about Word of Life? _____

In order to help us better understand your child; please list any circumstances that might assist in instruction and development understanding.

Your reason for desiring enrollment at Word of Life Lutheran School: _____

Christian training involves cooperation among the school, the home and the church. Will you commit your family to faithful attendance at Sunday School and church services, as well as maintaining a Christian training in your home? _____

Please initial the following statements below acknowledging your understanding and support of these statements.

_____ As a parent of a child in Word of Life Lutheran School, I am fully aware of my responsibility to attend worship and Sunday school regularly with my child.

_____ As a member of _____, I will contribute my fair share in Sunday offerings.

_____ As a member/nonmember, I understand the payment of all fees must be kept current. Remittance may be made through a 10-month or 12- month installment plan by automatic withdrawal, or by quarterly, semester or annual payments (see the Tuition Payment Options sheet).

_____ Any default in financial obligation is subject to collection through the legal process. All legal fees required in the collection process will be at the expense of parent/guardian herein and signed below. The collection fee will reflect 15% of owed balance and all court costs.

_____ I understand that the registration fee of \$100.00 per child (max. \$200.00 per family) is not refundable.

NOTE:

If your child is being transferred from another school, please answer the following questions.

School from which you intend to transfer _____

Location _____ Principal _____

Which grade did he/she complete? _____

When completed? _____
Month Year

In which grade do you wish your child to be enrolled in our school? _____

Has your child been retained in any grade? _____

If yes, please explain _____

Estimate, based on previous records, the level of child's school performance:

_____ Excellent _____ Good _____ Medium _____ Poor _____ Failing

Parent's Signature

Date

MEDIA RELEASE INFORMATION

***Sometimes we may want to publish your son's or daughter's picture on Word of Life Lutheran School's web site or media material including brochures, display boards, or newspaper publications. If you **DO NOT** want your son's or daughter's picture published through the Word of Life Lutheran School in these ways, please sign below.
