

**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 \_\_\_\_\_

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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) \_\_\_\_\_

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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)

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

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

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

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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? \_\_\_\_\_

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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.

\_\_\_\_\_ 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 signatred 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

\_\_\_\_\_  
Pastor's Signature

**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.

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