

STUDENT APPLICATION FORM 2011- 20112
ST. MARK LUTHERAN SCHOOL AND PRESCHOOL

1934 52nd St. SE * Kentwood, MI 49508 * Phone (616) 281-7892 www.smls.net

Office Use Only

Grade _____
Date ____/____/____
Check # _____
App Fee Pd \$ _____
Bk/Material Pd \$ _____
Tuition Pd \$ _____

A NON-REFUNDABLE APPLICATION FEE IS DUE WITH THIS FORM (See Tuition Rates)
(This is a processing fee and is not applied toward tuition)

STUDENT'S NAME _____

STUDENT'S BIRTH DATE _____ / _____ / _____
LAST FIRST M. I. M / F (circle one)
NAME TO BE USED BY TEACHER _____

STUDENT'S ADDRESS _____

STREET CITY/ZIP
HOME PHONE _____ CELL PHONE (Mom) _____
EMAIL _____ CELL PHONE (Dad) _____

MOTHER'S NAME _____ OCCUPATION _____

HOME PHONE # IF DIFFERENT THAN STUDENT _____

ADDRESS IF DIFFERENT THAN STUDENT _____

PLACE OF BUSINESS _____ BUSINESS PHONE _____

FATHER'S NAME _____ OCCUPATION _____

HOME PHONE # IF DIFFERENT THAN STUDENT _____

ADDRESS IF DIFFERENT THAN STUDENT _____

PLACE OF BUSINESS _____ BUSINESS PHONE _____

PRESCHOOL CLASS OFFERINGS:

Please note **first** and **second** choices. Your 1st choice time will be met, unless class size is under the size needed to operate.

_____ T/TH 3 Yr. old AM session (9:00-11:30) (Child must be 3 by December 1st)

AM Sessions 8:45-11:30 am

PM Sessions 12:30-3:15 pm

_____ M-W-F 4 Yr. old (Child must be 4 by Dec 1st)

_____ M-W-F 4 Yr. old (Child must be 4 by Dec 1st)

_____ M-W-F Young 5's (Child must be 5 by Jan 1st)

_____ M-W-F Young 5's (child must be 5 by Jan 1st)

_____ M-T-W-TH-F Young 5's (Child must be 5 by Jan 1st)

_____ M-T-W-TH-F Young 5's (Child must be 5 by Jan 1st)

ELEMENTARY CLASS OFFERINGS: School Hours- 8:15am-3:15pm

_____ Kindergarten (5 Full Days) _____
_____ Kindergarten (5 half days) _____
(Child must be five by December 1st)

_____ First Grade _____ Second Grade _____ Third Grade _____ Fourth Grade

MIDDLE SCHOOL OFFERINGS:

_____ Fifth Grade _____ Sixth Grade _____ Seventh Grade _____ Eighth Grade

SCHOOL LAST ATTENDED _____

Other children in family: (please specify: name / age / school if other than St. Mark)

Brothers _____

Sisters _____

Church Affiliation:

We are members of **St. Mark Lutheran Church** ____ Yes ____ No

We are members of another congregation? ____ Yes ____ No

____ Other LCMS ____ Other Lutheran ____ Non Lutheran ____ Catholic ____ No Church Affiliation at this time

Would you like any information regarding St. Mark Lutheran Church? ____ Yes ____ No

Name of Home Church _____

Is student baptized? ____ Yes ____ No

Date of Baptism _____

If no, would you like your child baptized this school year? ____ Yes ____ No

What do you hope to have your child gain from his/her experience at St. Mark Lutheran School and Preschool?

Please share any additional information about your child that will help ensure a positive learning experience for him/her: (family changes, new baby, activity level, personality traits, special physical needs, allergies, etc.)

How did you hear about St. Mark Lutheran School and Preschool ?

Written Ad ____ Radio Ad ____ Phone Book ____ Web Site ____ or did someone refer you ? ____ Yes ____ No

If yes, by whom _____

NON-DISCRIMINATION POLICY

Saint Mark Lutheran School and Preschool does not discriminate on the basis of sex, race, color, national or ethnic origin in any of our programs for children or among those who are employed to administer our educational policies, programs and activities.