



*Continued on reverse side*

Has your child at any time been referred (or has a referral been recommended) to a school psychologist, school social worker, or school consultant for the emotionally handicapped, and does your child have any physical handicap which might hinder him/her in normal activities?

Do you plan to continue your child's education at St. John's after this year? \_\_\_\_\_

For what reason or reasons do you want your child enrolled at St. John's Lutheran School?

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How did you hear about St. John's Lutheran School? \_\_\_\_\_  
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Application is for student enrollment beginning \_\_ / \_\_ / \_\_\_\_.

I (We) have read the principles governing the enrollment of our child and, if this application is approved, agree to cooperate completely with the school.

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Father's signature

Mother's signature

Date: \_\_\_\_\_