

APPLICATION FOR ADMISSION: NEW STUDENT KINDERGARTEN-8th GRADE ST. JOHN'S LUTHERAN SCHOOL

3521 Linda Vista Avenue, Napa California 94558 707.226.7970 fax 707.226.7974

Attach application fee, copies of most recent report card and standardized test scores.

Student Name _____ Current Grade _____
Last First Middle Applying for Grade _____

Address _____
Street City State Zip

Date of Birth ____ / ____ / ____ Sex F M Home Phone _____

Father's Name _____ Occupation _____

Business Name _____ Business Phone _____

Business Address _____

Mother's Name _____ Occupation _____

Business Name _____ Business Phone _____

Business Address _____

Parents' Marital Status M Sep. Sing. D Does Child Live With Both Parents? YES NO

Brothers or Sisters (Name, Age & School)

Religious Affiliation _____ Place of Worship _____

Date of Child's Baptism _____

Do you agree to support the school's program of Christian education by word & example, and to cooperate with the school in its program of Christian worship? Yes No

Previous School(s) List below beginning with most recent:

School & Address Grade(s) Dates

School & Address Grade(s) Dates

(Please turn over.)

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Briefly describe your child in the following areas:

Educational Maturity_____

Social Maturity and Personality_____

Physical Health (include any allergies/restrictions)_____

Needs/concerns of which the school should be aware:_____

Reason for desiring to enroll your child:_____

How did you hear about our school? :_____

Financial Responsibility

I have read the information regarding my financial commitments and agree to pay:

Application Fee: \$50.00, due with application. \$50.00 entrance screening K-2; \$25.00 entrance screening 3-8 due at time of screening, Comprehensive Fee: \$295.00, due June 1st or within 3 weeks of acceptance. All fees are non refundable.

Tuition:\$_____, first payment due on August 1st or upon acceptance. Late fee of \$25.00 will be applied to my account if Tuition is not paid by the 10th of each month.

Please check the tuition payment plan and scrip option you desire.

I will make tuition payments:

Monthly _____ Semester _____ Annually _____ in the amount of _____
(10 payments/year)

I prefer the following scrip commitment:

Plan "A" (No Scrip)_____ Plan "B" (\$3,000 Scrip)_____ Plan "C" (\$5,000 Scrip) _____

Signature of Parent or Guardian

Date

But those who hope in the Lord will renew their strength. They will soar on wings like eagles; they will run and not grow weary, they will walk and not be faint.

Isaiah 40:31