

**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

Please attach application fee (payable by cash or check), copies of most recent report card, standardized test scores, copies of any IEP or 504 plan, and Birth Certificate.

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

Physical Address _____
Street City State Zip

Date of Birth ____/____/____ Sex F M Home Phone _____
A September 1 birthdate is the deadline for entry into Kindergarten - 2nd Grade
(Kindergarten -5 yrs. old, 1st -6 yrs. old, 2nd -7 yrs. old)

Date of Child's Baptism _____

Father's Name _____ Occupation _____

Business Name _____ Business Phone _____

Email _____ Cell Phone _____

Mother's Name _____ Occupation _____

Business Name _____ Business Phone _____

Email _____ Cell Phone _____

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 _____

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 |
|------------------|----------|-------|
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Briefly describe your child in the following areas:

Educational Maturity_____

Social Maturity and Personality_____

Physical Health (include any allergies/restrictions)_____

Has your child ever received an IEP or 504 plan?_____ If yes, please include a copy.

Has your child ever received testing or evaluation from a private source such as an Educational Psychologist, Speech/Language Therapist, or Occupational Therapist?_____ If yes, please explain or share pertinent documents_____

Other special needs or concerns of which the school should be aware_____

Reason for desiring to enroll your child:_____

How did you hear about our school? :_____

Financial Responsibility:

- **Application Fee:** \$50.00 due with application.
- **Entrance Screening Fee due at time of screening:**
Grades K-2: \$50.00
Grades 3-8: \$25.00
- **Comprehensive Fee for new students, K-8, is due upon acceptance of the student:**
\$400 per student
- **Monthly tuition payments will be due on the 1st of the month.**
A late fee of \$25.00 is assessed on all accounts not paid by the 10th of each month.
A \$10 fee is assessed for any check not honored by the bank.

All fees are subject to change without notice and are non-refundable.

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

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