



# ST. JOHN'S LUTHERAN SCHOOL ENROLLMENT FORM

**How did you hear about St. John's?**  
 Friend \_\_\_\_\_  
 Advertisement \_\_\_\_\_ **Circle one**  
 Family \_\_\_\_\_  
 Other \_\_\_\_\_

### ONE FORM PER FAMILY

**child #1** Grade next school year \_\_\_\_\_ Name of Church \_\_\_\_\_ Baptismal date \_\_\_\_\_  
**Student's First Name** \_\_\_\_\_ **Middle** \_\_\_\_\_ **Last Name** \_\_\_\_\_  
**Nickname or goes by** \_\_\_\_\_ Birth date \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_  
 Allergies \_\_\_\_\_  
 Special Needs/Medicines \_\_\_\_\_

**child #2** Grade next school year \_\_\_\_\_ Name of Church \_\_\_\_\_ Baptismal date \_\_\_\_\_  
**Student's First Name** \_\_\_\_\_ **Middle** \_\_\_\_\_ **Last Name** \_\_\_\_\_  
**Nickname or goes by** \_\_\_\_\_ Birth date \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_  
 Allergies \_\_\_\_\_  
 Special Needs/Medicines \_\_\_\_\_

**child #3** Grade next school year \_\_\_\_\_ Name of Church \_\_\_\_\_ Baptismal date \_\_\_\_\_  
**Student's First Name** \_\_\_\_\_ **Middle** \_\_\_\_\_ **Last Name** \_\_\_\_\_  
**Nickname or goes by** \_\_\_\_\_ Birth date \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_  
 Allergies \_\_\_\_\_  
 Special Needs/Medicines \_\_\_\_\_

**Student(s) address** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_ **Zip** \_\_\_\_\_ **Telephone number** ( ) \_\_\_\_\_

**Circle: Mother Step-Mother** Name of Church \_\_\_\_\_  
 First name \_\_\_\_\_ M.I. \_\_\_\_ Last name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
 Email address \_\_\_\_\_ Cell phone ( ) \_\_\_\_\_  
 Employer \_\_\_\_\_ Work ( ) \_\_\_\_\_

**Circle: Father Step-Father** Name of Church \_\_\_\_\_  
 First name \_\_\_\_\_ M.I. \_\_\_\_ Last name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
 Email address \_\_\_\_\_ Cell phone ( ) \_\_\_\_\_  
 Employer \_\_\_\_\_ Work ( ) \_\_\_\_\_

**Emergency Contacts** Relationship \_\_\_\_\_  
 First name \_\_\_\_\_ Last name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
 Cell phone ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

**Emergency Contacts** Relationship \_\_\_\_\_  
 First name \_\_\_\_\_ Last name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
 Cell phone number ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

**In which public elementary/middle school would your child attend if not enrolled here?**

**\*\*PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM. IT IS A REQUIREMENT FROM THE STATE DEPARTMENT OF EDUCATION.**



**Race and Ethnicity:** (Note: both Part 1 and Part 2 of the question must be answered.)

Part 1: Ethnicity	Is this individual Hispanic/Latino? ( <i>Choose only 1</i> ) <input type="checkbox"/> No, not Hispanic/Latino <input type="checkbox"/> Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)
Part 2: Race	What is the individual's race? ( <i>Choose 1 or more</i> ) <input type="checkbox"/> American Indian or Alaska Native : A person having origins in any of the original peoples of North America and maintaining cultural identification through tribal affiliation or community recognition. <input type="checkbox"/> Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. <input type="checkbox"/> Black or African American: A person having origins in any of the black racial groups of Africa. <input type="checkbox"/> Native Hawaiian of Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. <input type="checkbox"/> White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

## HOME LANGUAGE SURVEY

To be completed by parents upon student enrollment to determine student's status as language minority.

Student Name: \_\_\_\_\_  Male  Female

Age: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Enrollment: \_\_\_\_\_

Original Date of Enrollment to ANY United States school:  
 (Enrolled in a K-12 program, not preschool.) \_\_\_\_\_

1. What was the first language learned/spoken by the student? \_\_\_\_\_
2. Is there a language other than English spoken in the student's home?  Yes  No  
 If yes, what language? \_\_\_\_\_
3. Does the student speak a language other than English?  Yes  No  
 If yes, what language? \_\_\_\_\_
4. What language(s) is spoken most often by the student? \_\_\_\_\_
5. Is there a parent/guardian in the home who can read or speak English?  Yes  No  
 Can Read English  Can Speak English

**FOR OFFICE USE**

If the responses to questions 1, 2, or 3 are *other than English*, send a copy to the ESC.

*This document must be recorded in the student's permanent record as required by the No Child Left Behind Act.*