

EDUCATIONAL INFORMATION

Please list all preschools or elementary schools previously attended, beginning with the most recent:

Name of School	Address	Phone	Dates attended

How did you hear about St. Paul Lutheran School?  Live in Area  Phone Book  Newspaper  Friend

Other \_\_\_\_\_

Why do you desire to enroll your child at St. Paul? \_\_\_\_\_

\_\_\_\_\_

Please list any other information about your child that would be helpful to us in considering enrollment?

\_\_\_\_\_

\_\_\_\_\_

**In order for your child to be considered for enrollment, this application must be completed and returned to the school office. Your child may also be required to take placement tests before being accepted.**

**PERSONS AUTHORIZED TO PICK UP YOUR CHILD:**

Name \_\_\_\_\_ Phones \_\_\_\_\_

Name \_\_\_\_\_ Phones \_\_\_\_\_

Name \_\_\_\_\_ Phones \_\_\_\_\_

List any one NOT authorized to pick up your child: \_\_\_\_\_

\_\_\_\_\_