

List 2 persons, not relatives, who know your child well.

A. _____
name address phone

B. _____
name address phone

Our family doctor: _____ Phone: _____

Does your child have a physical disability or problem of which the teacher should be aware: (e.g. asthma, hearing or sight limitations, special medication required):

Can your child participate fully in athletic and physical education activities?
(yes or no) _____ If no, a physician's statement is required.

I understand that my child is responsible for the reusable books issued to him/her for this school year. I further understand that I will be expected to make proper payment in the event that any such book is lost or damaged.

Parent's signature: _____

I agree to support St. Paul's Lutheran School by my prayers, prompt tuition payments, and if I am a member of St. Paul's Church by prompt financial contributions to the church. I recognize that a sound Christian education requires prayerful commitment of time and finance to meet the needs of my student(s).

Parent's signature: _____

Signatures: _____
father mother

Date of application: _____

The first month's tuition payment, which is not refundable, must accompany this application.

Date received	Application fee paid
Testing date	Date accepted
Acceptance letter sent	Response received

08-15-2005