

WORD OF LIFE

L U T H E R A N S C H O O L



Main Office - 6535 Eichelberger Street
St. Louis, Missouri 63109
314-832-1244

www.wordofliveschool.net

2018-19 Enrollment Pre-Kindergarten-8th Grade

A **non-refundable** registration fee of \$100 must be paid for each child (\$200 per family max) enrolling by May 4, 2018. Students enrolling after May 4th must pay \$175 (\$275 per family max).

Tuition rates for 2018-19 are \$5,850 for K-8 plus an assessment fee of \$100 per student. For preschool, tuition is \$585 per session, per year (10 sessions offered per week) plus an assessment fee of \$25 per student.

Student Information

2018-19 Grade Level _____

Child's Name _____

Last

First

Middle

Name child will use in school, if different: _____

Date of Birth: _____ Sex: M / F

Social Security #: _____

Is child baptized? Yes / No Date of Baptism _____

Family Church Membership: _____

Ethnicity: _____

Date of this Application: _____

Family Information

Mother's Name _____ Home Phone # _____

Address _____ City, State, Zip _____

Email Address _____ Cell Phone # _____

Employer _____ Work Phone # _____

If remarried, please list spouse's name: _____

Father's Name _____ Home Phone # _____

Address _____ City, State, Zip _____

Email Address _____ Cell Phone # _____

Employer _____ Work Phone # _____

If remarried, please list spouse's name: _____

Parent Marital Status: Married Divorced Separated Widowed Single

Child Lives With: Both Parents Mother Father Other _____

Name and Ages of Brothers/Sisters: _____

Is child adopted? Yes No If yes, place of birth _____

Please explain any family circumstances of which the school must be aware to better help your child:

Maternal Grandparents Name(s) _____

Address _____ City, State, Zip _____

Paternal Grandparents Name(s) _____

Address _____ City, State, Zip _____

School District Information (Info required by the State of Missouri)

What public school district do you reside in? _____

Name of public elementary/middle school your child would attend: _____

Other Information

Please list schools previously attended, including preschool and kindergarten:

1. _____ 2. _____ 3. _____

Were all fees current when child left? Y / N

Does your child have any physical condition, which might limit participation in school activities? If so, please explain: _____

Does your child have any sort of condition, which may require special education arrangements? If so, please explain: _____

Does your child have any sort of allergy or asthma we need to be aware of? If so, please explain:

How did you hear about Word of Life Lutheran School?

Signs Ads/Flyers Live Nearby Website Family/Friend – Name: _____

Emergency Contact Information

In unexpected circumstances, if parent(s) can't be reached, please notify the following people:

Name _____ **Phone #** _____ **Relationship** _____

Name _____ **Phone #** _____ **Relationship** _____

Name _____ **Phone #** _____ **Relationship** _____

In the event a parent or contact above cannot be reached, WOL will contact 911. All phone numbers are held in the strictest confidence.

Word of Life Lutheran School admits students of any race, color, nation, or ethnic origin to all the rights and privileges, programs, and activities generally made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies and athletic or other school administered programs.

Please return the Tuition Option / Simply Giving forms in with application.

Signature of person responsible for payments: _____

Preschool Parents Only

If you are a preschool parent, please check ALL of the sessions* you would like your child to attend:

_____ Mon AM _____ Tues AM _____ Wed AM _____ Thurs AM _____ Fri AM
_____ Mon PM _____ Tues PM _____ Wed PM _____ Thurs PM _____ Fri PM

Please circle your preschool campus preference: St. Lucas / Timothy

*Minimum of 3 sessions is required.

FOR OFFICE USE ONLY: Date received _____ Enrollment Fee _____ Birth Certificate _____

Immunizations _____ Physical Form _____