

The Lutheran School of the Miami Valley

ST. PAUL'S CAMPUS
239 Wayne Avenue
(937) 224-1939
(937) 224-7111 FAX

REGISTRATION APPLICATION FORM 2008-2009

DATE _____

GRADE ENTERING _____

STUDENT INFORMATION

NAME _____
(LAST) (FIRST) (MIDDLE)

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ +4 ZIP _____

TELEPHONE (____) _____ - _____ AGE _____ BIRTHDAY _____ SEX M / F SSN _____
MONTH / DAY / YEAR

NEW STUDENTS ONLY:

SCHOOL LAST ATTENDED _____ SCHOOL ADDRESS _____

Because your student is transferring from another school, you will need to fill out and sign a request for the transfer of records. (See attached form.)

AMERICAN CITIZEN Y / N *If No, then list Foreign Nationality/Country _____

ETHNIC BACKGROUND (OPTIONAL):

____ African American ____ Caucasian ____ Native American
____ Asian American ____ Hispanic / Latino ____ Bi-Racial ____ Other _____ -

(Please Specify)

PLEASE LIST THE SCHOOL DISTRICT THAT THE CHILD CURRENTLY RESIDES IN: _____

CHILD RESIDES WITH:

____ Both Parents at address listed above.

____ Custodial Parent at address listed above. NAME _____

____ Guardian(s) NAME _____

***YOU MUST SUPPLY THE SCHOOL OFFICE WITH A COPY OF THE CERTIFIED DIVORCE DECREE GRANTING CUSTODY OR A COPY OF THE CERTIFIED CUSTODY PAPERS GRANTING GUARDIANSHIP.**

Mother's/Guardian's Name _____ SSN _____

Address _____

Employer _____ Employer Address _____

Home Phone _____ Work Phone _____ Extension _____

Cell Phone _____ email address _____

Father's/Guardian's Name _____ SSN _____

Address _____

Employer _____ Employer Address _____

Home Phone _____ Work Phone _____ Extension _____

Cell Phone _____ email address _____

The Lutheran School of the Miami Valley

Please circle appropriate answer:

I **do / do not** give permission for The Lutheran School of the Miami Valley to publish my child's address and telephone number in the school handbook and directory.

I **do / do not** give permission for The Lutheran School of the Miami Valley to use and print my child's photograph in the school yearbook, brochures, flyers, advertisements, etc.

Signature of Parent/Guardian Date

RELIGIOUS AFFILIATION: _____ Lutheran _____ None _____ Other _____
(Please Specify)

Church Name: _____ Pastor _____

Church Address: _____

How did you first find out about the Lutheran School?

____ Flier ____ Daycare Provider ____ Friend ____ Internet
____ Radio ____ Facility Sign ____ Mail Piece ____ Television
____ Family ____ Newspaper ____ Yellow Pages ____ Other _____

ADDITIONAL INFORMATION:

____ I will require before school child care. **Hours:** 7AM-until 8AM at St. Paul's Campus.

____ I will require after school child care. **Hours:** From school dismissal until 6 PM.

Late Pick-Up: A fee of \$1.00 per minute will be charged for each minute after 6:00pm that your child is in childcare.

IMPORTANT NOTICE: A \$175.00 non-refundable per child registration fee **MUST** accompany this form in order to reserve a place for your student. **STUDENT WILL NOT BE CONSIDERED ENROLLED UNTIL ALL FEES ARE PAID AND ALL REQUIRED PAPERWORK IS COMPLETED.**

The Lutheran School of the Miami Valley, admits students of any race, color, gender or ethnic origin to all its rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational programs or athletics/extracurricular activities, admissions policies, scholarship distribution, or any other school-administered program. Furthermore, the school is not intended to be an alternative to court or administrative agency ordered, or public school district-initiated desegregation. The Lutheran School of the Miami Valley will not discriminate on the basis of race, color, gender or ethnic origin in the hiring of its certified or non-certified personnel.

BOTH SIDES OF THIS FORM MUST BE COMPLETED

Last Revised 01/09/2008