St. John's Lutheran School

42685 County Road 12 ~Nodine, Dakota, MN 55925 507-643-6440 office@stjohnsnodine.org Website: stjohnsnodine.org

Application for Enrollment (one form per child)

Student's Name: (First) (Middle) (Last)	Student's Nan	ne:			
Parent's Names:		(First)	(Middle)	(I	Last)
Address: Phone:	Date of Birth:		Gender		
Phone: Email:	Parent's Name	es:			
Names of Brothers / Sisters: Name: Age: Name: Age: Name: Age: School(s) Attended: Name: Year: Address: Name: Year: Address: Name: Year:	Address:				
Name: Age: Name: Age: Name: Age: School(s) Attended: Name: Year: Address: Name: Year: Address: Church you Attend: Address: Is the student baptized? Date of Baptism: How often do you attend church per month: Parents or guardian must agree to the following: a) a semester review of applicants by the Youth Discipleship Committee b) child(ren) will follow the curriculum of the school, which includes religious classes c) permission is granted for the principal to view student's school records d) parent(s) take Pastor's Bible Information Class to be informed as to what the children are learning e) child(ren) attend worship services when school children sing f) accept all policies in the school and athletic handbooks g) tuition will be paid in a timely manner	Phone:		Email:		
Name: Age: Name: Age: School(s) Attended: Name: Year: Address: Name: Year: Address: Name: Year: Address: Church you Attend: Address: Is the student baptized? Date of Baptism: How often do you attend church per month: Parents or guardian must agree to the following: a) a semester review of applicants by the Youth Discipleship Committee b) child(ren) will follow the curriculum of the school, which includes religious classes c) permission is granted for the principal to view student's school records d) parent(s) take Pastor's Bible Information Class to be informed as to what the children are learning e) child(ren) attend worship services when school children sing f) accept all policies in the school and athletic handbooks g) tuition will be paid in a timely manner	Names of Brot	thers / Sisters:			
Name: Age: School(s) Attended: Name: Year: Address: Name: Year: Address: Church you Attend: Address: Is the student baptized? Date of Baptism: How often do you attend church per month: Parents or guardian must agree to the following: a) a semester review of applicants by the Youth Discipleship Committee b) child(ren) will follow the curriculum of the school, which includes religious classes c) permission is granted for the principal to view student's school records d) parent(s) take Pastor's Bible Information Class to be informed as to what the children are learning e) child(ren) attend worship services when school children sing f) accept all policies in the school and athletic handbooks g) tuition will be paid in a timely manner	Name:			Age:	
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Name:	Name:			Age:	
Address:	School(s) Atte	nded:			
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Address:	Addres	ss:			
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Signed: Date:	a) a setb) childc) pernd) paree) childf) acce	mester review of application will follow the consission is granted for the ent(s) take Pastor's Bib d(ren) attend worship sopt all policies in the sci	cants by the Youth Discipants by the Youth Discipant of the school ne principal to view studies Information Class to be ervices when school childhool and athletic handbook	, which includent's school be informed aldren sing	udes religious classes records
	Signed:	Parent or Guardian		Date:	