



St. Timothy's Lutheran Church & School

2015-2016

APPLICATION FOR SCHOOL ENTRANCE

APPLYING FOR											
Preschool 2's	Tues/Thurs		MWF		M-F		1/2 day		Full Day*		
Preschool 3's	Tues/Thurs		MWF		M-F		1/2 day		Full Day*		
Preschool 4's			MWF		M-F		1/2 day		Full Day*		Year Round*
Jr. Kindergarten							1/2 day		Full Day*		
Kindergarten							1/2 day		Full Day*		
Grade: 1-5	1	2	3	4	5	LEAP					
*Full Day Preschool is considered 8:45am-3:00pm											
*Year Round Preschool is only available to those students who attend 5 days per week											

Please attach to this application:

- A copy of your child's birth certificate (Children entering Kindergarten must be 5 years old by Sept 1, 2015)
- Signed blue enrollment contract
- Any applicable fees (registration)

PLEASE PRINT

STUDENT INFORMATION		
Student First Name _____	Student's Last Name _____	
Preferred Name _____	Male ___ Female ___	Date of Birth _____
Address _____	City _____	CA Zip _____
Student lives with: Both Parents _____ Mother only _____ Father only _____ Other _____		
Last School Attended _____		Grade _____
FAMILY INFORMATION		
FATHER/Legal Guardian	MOTHER/Legal Guardian	
	Name _____	
	Address if different than above _____	
()	Home Phone	()
()	Cell Phone	()
()	Work Phone	()
	Email Address _____	

Other Children in family: Name _____ Age _____ Name _____ Age _____
 Name _____ Age _____ Name _____ Age _____

Referred by _____

Neighborhood Public School _____ District _____

How did you hear about St. Timothy's Lutheran School? _____

Special remarks: Why do you want your child to attend St. Timothy's Lutheran School?

~ We, as parents, understand that quality education requires the joint effort of home and school. As a result, we will be supportive of the programs and policies of the school in order to strengthen our child's Christian education.

~ An Authorized representative or licensing analyst from the Department of Social Services/Community Care Licensing may, upon presentation of proper identification, enter and inspect the preschool at any time with or without prior notice. The DSS/CCL has the authority to interview children and staff without prior consent.

Parent/Guardian Signature

Date

ST TIMOTHY'S LUTHERAN SCHOOL PHOTO/VIDEO RELEASE

I hereby give permission for my child to be photographed and/or video taped at St. Timothy's Lutheran School or on a school trip. I understand that these pictures could be used in school projects, yearbook, news releases, brochures, and/or possible advertising.

Parent Initial

Date

T-Shirt Size: xsml 2-4 _____ sml 6-8 _____ med 10-12 _____ lg 14-16 _____

PE Shorts Size: xsml _____ sml _____ med _____ lg _____ A-Lg _____

Race/Ethnicity for those children enrolling in St. Timothy's Lutheran School	
African American/Black	
American Indian/Alaska Native	
Arab/Middle Eastern	
Asian/Pacific Islander	
Hispanic/Latino	
White	
Other (includes multicultural families)	

Student Survey for those children enrolling in St. Timothy's Lutheran School		
		circle one
1	Child is an active member of St. Timothy's Lutheran Church?	Y N
2	Child is an active member of another Lutheran Church?	Y N
3	If not Lutheran, what is your child's religious affiliation ? Catholic-Baptist-Methodist-Presbyterian-Other _____	
4	Name of the church your family attends? _____	
5	Child does not have a church affiliation	
6	Has your child been Baptized?	Y N
7	What is the primary language your child speaks at home?	