

Enrollment Form	Immunization	Physical	Birth Certificate
Check	Cash	Enrollment Fee	

OFFICE USE ONLY

Student Enrollment Form

Messiah Lutheran School
5911 Hwy. 94 South
St. Charles, Missouri 63304



A Student Information:

Please check 2012/13 Grade Placement

Preschool 3 4 Half Day School Day Extended School Day Full Day
K AM K-all day 1 2 3 4 5 6 7 8

Student's Full Name _____ Preferred First Name: _____

Address _____ City _____ ZIP _____

Home Phone _____ Please check if you would like to keep your phone number private

Student Social Security # _____ Sex: M or F

Birth Date _____ Birth Place _____

Baptism date _____ Baptism place _____

Missouri state law dictates a child must be 5 years old before August 1, 2012 to attend Kindergarten in the fall.

Residence is in what public school district? _____
What school would child attend if in public school? _____ (info for state reports)

B Family Information:

Father's Name _____ Church home (if any) _____

Address (if different than student) _____ City _____ State/ZIP _____

Occupation _____ Employer _____

Work phone _____ cell/pager _____

Email Address _____

Mother's Name _____ Church Home (if any) _____

Address (if different than student) _____ City _____ State/ZIP _____

Occupation _____ Employer _____

Work phone _____ cell/pager _____

Email Address _____

Person to be contacted for situations that may arise concerning finances? Father Mother

(check one) ___ Married ___ Separated ___ Divorced ___ Widowed ___ Remarried

Unique family circumstances _____

Siblings: Name _____ Birth date _____ Name _____ Birth date _____
Name _____ Birth date _____ Name _____ Birth date _____

Messiah Lutheran School admits students of any race, color, nations and ethnic origin to all rights, privileges and activities generally made available to students in school. Messiah Lutheran School reserves the right to determine final placement for any applicant or present student. All new students may be required to take an assessment test to determine placement.

B Academic Information:

Last school attended if not enrolling in Preschool _____
City, State _____

If transferring, reason for transfer _____

Please list all previous schools attended.

School _____ Reason for transfer _____

School _____ Reason for transfer _____

YES NO Has your child ever received any assistance through a public school district or private agencies for speech or academic reasons? If yes, explain (attach additional documents if more space is needed)

Please give any additional information regarding health (allergies), academic (special education services), social or emotional concerns you have regarding your child.

D Other Information

How did you first hear about Messiah Lutheran School? _____

YES NO Can your child's name and/or picture be used in photo releases to newspaper or other media forms?

Name of Insurance Company _____ Insurance # _____

Covered under what name? _____ Authorized to call doctor? Yes/No

Doctor _____ Phone # _____

Hospital Preferred _____ Allergies _____

Please specify any health concerns: _____

Please specify unique health instructions: _____

*My child must take medicine at school. Yes/No Please explain: _____

**All medicine (including aspirin & Tylenol) at school must be accompanied by a doctor's written order, permission slip that can be picked up in school office, and a list of side effects. Medication must be in original container that is kept in the school office.*

Emergency Contact: _____ Phone #: _____

Emergency Contact: _____ Phone #: _____

The following people are authorized to pick up student:

1. _____ 2. _____

3. _____ 4. _____

The following items are needed for new student's registration to be complete:

- Copy of official birth certificate (if not already on file)
- Updated Immunization Record (if not already on file)
- Physicals are required for new students and children entering Kindergarten, 4th and 7th grades. Students participating on athletic teams will also need a physical.

We believe the Christian education that our child will receive at Messiah Lutheran School will be of great importance in the life of our child. We agree to support the staff of Messiah Lutheran School through prayer and by assisting whenever and wherever possible to provide a quality education for our child.

Parent/Guardian Signature: _____ Date: _____