



1780 Career Center Road Bourbonnais, IL 60914

Phone 815.932.0312 Fax 815.932.7588 www.stpaulslutheran.net

**2026-2027 SCHOOL ENROLLMENT FORM**

**KINDERGARTEN – 8<sup>TH</sup> GRADE**

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade Entering 2026-27: \_\_\_\_\_

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade Entering 2026-27: \_\_\_\_\_

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade Entering 2026-27: \_\_\_\_\_

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade Entering 2026-27: \_\_\_\_\_

**\*\*Kindergarteners must have been born before 9/1/2021\*\*** Enrolling a preschooler? Y or N  
(if yes, complete separate preschool form)

Primary Parent/Guardian Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Second Parent/Guardian Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Home Address: \_\_\_\_\_ Email: \_\_\_\_\_

Email 2: \_\_\_\_\_

(Y) or (N) Members of St. Paul's Lutheran Church? \_\_\_\_\_ If no, do you attend another church?  
Which one: \_\_\_\_\_

What do you expect from St. Paul's Lutheran School? \_\_\_\_\_

If your child is a new student, where are you transferring from? \_\_\_\_\_

Does your child have an IEP or have been referred for special services? (E.g. speech and language therapy, occupational therapy, physical therapy or academic needs.) If so, please provide details below:

Through what grade level (1-8) do you intend to keep your child enrolled? \_\_\_\_\_

Were you referred to us by a family? If yes, please list their name: \_\_\_\_\_

Non-Refundable Enrollment Fee: \_\_\_\_\_ Amount Paid \_\_\_\_\_ Date Paid \_\_\_\_\_

Please mark one: Check \_\_\_\_\_ Cash \_\_\_\_\_ Fast Direct \_\_\_\_\_ Square \_\_\_\_\_

Primary Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Second Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_