

2026-2027 SCHOOL ENROLLMENT FORM

PRESCHOOL

Student Name: _____ Birth Date: _____

****all preschool students must be potty-trained****

Preschool Class Enrolling in: (mark only one option)

Pre 3's *Must have been born before 9/1/2023*

3 ½ Day (M,W,F) _____ 5 ½ Day (M-F) _____ 2 Full Day (T,TH) _____
 3 Full Day (M,W,F) _____ 5 Full Day (M-F) _____

Pre 4's *Must have been born before 9/1/2022*

3 ½ Day (M,W,F) _____ 5 ½ Day (M-F) _____
 3 Full Day (M,W,F) _____ 5 Full Day (M-F) _____

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 _____