



ST. PAUL LUTHERAN SCHOOL
 2916 N. MCKEE ROAD
 MERCED, CA 95340
 (209)383-3302

2009-2010 K-5 REGISTRATION FORM

Annual Fee (non-refundable) \$250.00 Per Student (if paid by May 1st)
Annual registration fees paid after May 1st will be \$275.00

What grade will your child be in?					
Kindergarten* <input type="checkbox"/>	1 st Grade <input type="checkbox"/>	2 nd Grade <input type="checkbox"/>	3 rd Grade <input type="checkbox"/>	4 th Grade <input type="checkbox"/>	5 th Grade <input type="checkbox"/>
* Kindergarten students must be age 5 on or before September 1 st .					

Registration is on a first come, first serve basis. St. Paul Lutheran School reserves the right to decline a student's registration should it deem appropriate. All registration fees are annual and non-refundable. SMART Tuition Management Services has been contracted to collect all tuition installment payments. **Assessment testing must be completed for all new students to St. Paul Lutheran School. An application and assessment fee will be \$50.00 for new students. For current St. Paul Pre-K students the assessment fee is \$20.00. Arrangements for the assessment will be made after application is complete.**

Parent's Initials _____

STUDENT INFORMATION

Student's Name:		Date of Birth:	
Name(s) Student Goes By:		Telephone No.:	
Address (where Student lives):		City	Zip Code
Fears of Child			
** MUST BE FILLED OUT FOR REGISTRATION TO BE COMPLETE**			
Ethnicity	Name of Last School/Day Care Attended		
Church Affiliation/Membership	Date of Baptism/Dedication		

Registering for extended care during school year? yes no
 Please choose your plan :
 Extended Care Program "Unlimited"
 Before School Care Program "Mornings Only"
 After School Care Program "Afternoons Only"

Please refer to the Extended Care Fee Schedule for rate information.

Office Use Only					
Date	Received By	Immunization Card	First Grade Health Report	Birth Certificate	Cumulative Record
Fees Paid: \$ _____ Cash _____ Check No. _____ Credit Card _____ K5 Registration					SMART Enrollment Form

PARENT/GUARDIAN INFORMATION

MOTHER			
Name		Home Telephone No.	
Home Address (if different from student's)		Cell Telephone No.	
Occupation		Employer	
Employer's Telephone No.	Employer's Address		
FATHER			
Name		Home Telephone No.	
Home Address (if different from student's)		Cell Telephone No.	
Occupation		Employer	
Employer's Telephone No.	Employer's Address		
STEPPARENT			
Name		Home Telephone No.	
Home Address (if different from student's)		Cell Telephone No.	
Occupation		Employer	
Employer's Telephone No.	Employer's Address		
OTHER (Relationship: _____)			
Name		Home Telephone No.	
Home Address (if different from student's)		Cell Telephone No.	
Occupation		Employer	
Employer's Telephone No.	Employer's Address		

OTHER INFORMATION

Names and Dates of Birth of Brothers and Sisters

Others Living In Student's Home

A background check will be done on each parent and staff member.
I understand that all registration fees are annual and non-refundable.

PARENT'S SIGNATURE

DATE