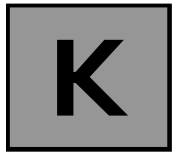




# SIOUX FALLS LUTHERAN SCHOOL

## Kindergarten Enrollment

20\_\_-20\_\_  
308 W. 37th Street • Sioux Falls, South Dakota • 57105 • 335-1923



Student's Legal Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Grade \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Email address (for school use only) \_\_\_\_\_  
month day year

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

First name preferred by student \_\_\_\_\_ County \_\_\_\_\_ Public School District \_\_\_\_\_

Baptism: \_\_\_\_\_ Adopted: Yes \_\_\_\_\_ No \_\_\_\_\_ Right \_\_\_\_\_ Left \_\_\_\_\_ Handed \_\_\_\_\_ SS# \_\_\_\_\_  
month day year

Race: \_\_\_\_\_ White \_\_\_\_\_ Native Am. \_\_\_\_\_ Black \_\_\_\_\_ Hispanic \_\_\_\_\_ Asian \_\_\_\_\_ Other (Choose one)

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent's Marital Status: \_\_\_\_\_ Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Other

Child living with: \_\_\_\_\_ Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other (please specify)

Stepfather \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Stepmother \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Guardian \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

List brothers, sisters, other children living in household:

Name	Age	Name	Age	Name	Age
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Previous School Enrollment Information:

<u>Grade</u>	<u>Name of School</u>	<u>Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	<u>Dates Enrolled</u>
_____	_____	_____	_____	_____	_____	_____

Church Membership at \_\_\_\_\_ Denomination \_\_\_\_\_

May we publish your **address & phone number** for a class and family roster in the school directory? \_\_\_\_\_ Yes \_\_\_\_\_ No

Person responsible for tuition payments \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

A **state birth certificate** & an **up-to-date SD Health Immunization Form** are required before enrollment for Kindergarten.

\_\_\_\_\_ **Morning Kindergarten**  
8:30 - 11:30 a.m. (Monday-Friday)

\_\_\_\_\_ **Morning Kindergarten & Afternoon Enrichment**  
8:30 am - 3:15 pm (Monday - Friday)

**Kindergarten Registration Fee: Due upon enrollment of your child.**

**\$100.00** \_\_\_\_\_ **Registration Fee** (Non Refundable)

OFFICE USE	
_____	Date Received
_____	Registration Paid
Comp _____ CK# _____	Cash _____
Starting Date _____	

I want a Lutheran education for my child because \_\_\_\_\_

Has your child received any academic or psychological testing? \_\_\_\_\_

If so, explain \_\_\_\_\_

As a result of the testing, did your child qualify for placement in a particular program, such as learning disabilities, gifted and talented, or other? (explain) \_\_\_\_\_

Does your child struggle in any academic, social, spiritual or physical areas? \_\_\_\_\_

What are 2 or 3 things that your child does well and enjoys doing? \_\_\_\_\_

I want to be involved in my child's education in these ways: \_\_\_\_\_

I fully understand that the purposes of Sioux Falls Lutheran School are to help my child ...

...learn about and experience God's love

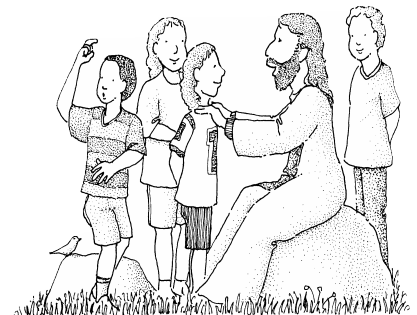
...study the Bible and begin growing in the abundant life Christ promises

...pursue intellectual curiosity and academic excellence

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

**How did you hear about Sioux Falls Lutheran School?**

- Church
- Newspaper Ad
- Telephone Book
- Friend
- Preschool at SFLS
- Television
- Radio
- Other \_\_\_\_\_



**Sioux Falls Lutheran School . . . *A Great Place to Grow***