

# St. Mark's Lutheran School

5849 Buckwheat Rd. ♦ Milford, OH 45150 ♦ Phone: 513-575-3354 ♦ Fax: 513-575-2472

## Application for Enrollment

Date of Application: \_\_\_\_\_ Applying for Grade: \_\_\_\_\_

### STUDENT INFORMATION

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: City \_\_\_\_\_ State: \_\_\_\_\_

Date of Baptism: \_\_\_\_\_ Church: \_\_\_\_\_

Student resides with (*check one*):  Both Parents  Shared Custody  Guardian  
 Mother  Father

FAMILY INFORMATION	Mother	Father
First and Last Name ( <i>please print</i> ):		
Home Address		
City, State, Zip Code		
Phone Number		
Email Address		
Business/Occupation/Title		
Years Working at Current Job		
Business Address		
City, State, Zip Code		
Business Phone Number		

### Brother(s)/Sister(s)

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

### ADDITIONAL INFORMATION

Local Church Membership: \_\_\_\_\_ City: \_\_\_\_\_ Pastor: \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

### FINANCIAL AGREEMENT

For admission of my child(ren) to St. Mark's Lutheran School, I agree to pay the tuition charges and fees as established by the administration for the year.

I also understand that a nonrefundable deposit is due with this form. We certify that the information given is complete and accurate. Further we agree to fulfill all financial obligations and to adhere to the policies and regulations of St. Mark's Lutheran School.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_