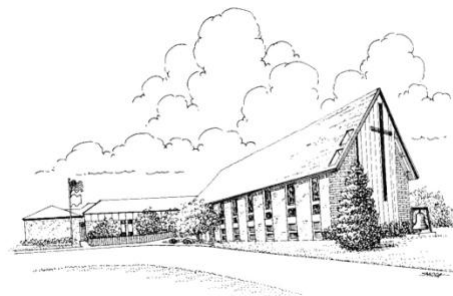


# Zion Evangelical Lutheran Church and School

4206 West Elm Street • McHenry, IL 60050

(815) 385-4488 • school@zionmchenry.org

www.zionmchenry.org



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## APPLICATION FOR ENROLLMENT

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Appreciating the educational advantages offered by a Christian School, we hereby request that our child be enrolled as a student at Zion Lutheran School.

**INSTRUCTIONS:** All requests need to be filled out completely. This application with the registration fee needs to be returned as soon as possible to ensure your child's enrollment. ***Please note, the registration fee is non-refundable.***

Child's Name: \_\_\_\_\_ Date of Birth & Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

### Class Requested:

\_\_\_\_\_ 2 Half Day Morning Preschool (3yo)  
T Th ~ 9-11:30am

\_\_\_\_\_ 3 Half Day Morning Preschool (4yo)  
M W F ~ 9-11:30am

\_\_\_\_\_ 5 Half Day Afternoon Preschool (4yo)  
M-F ~ 12:30-3pm

\_\_\_\_\_ Full Day Preschool / Pre-K (3-4yo)  
M-F ~ 9am-3pm

\_\_\_\_\_ Half Day Kindergarten  
M-F ~ 9am-12pm  
M-F ~ 12:30-3pm

\_\_\_\_\_ Full Day Kindergarten  
M-F ~ 9am-3pm

\_\_\_\_\_ First Grade  
M-F ~ 9am-3pm

### Father's Information:

Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Mother's Information:

Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Are both parents living at home with this child? \_\_\_\_\_ If no, please give reason: \_\_\_\_\_

If no, who has legal custody of this child? \_\_\_\_\_

Church Member at: \_\_\_\_\_

Baptized: Yes/No Year: \_\_\_\_\_

**Name of person(s) to call if parents cannot be reached:**

\_\_\_\_\_ Home Phone \_\_\_\_\_  
Name/Relationship

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

\_\_\_\_\_ Home Phone \_\_\_\_\_  
Name/Relationship

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

In order to help us better understand your child, please list any disabilities or handicaps your child has (*All information is held in the strictest confidence*):

Please list your reasons for wanting your child to be enrolled at Zion Lutheran School:

**NOTE: If your child is being transferred from another school, please answer the following questions. The latest issue of your child's report card must accompany this application.**

School from which you intend to transfer: \_\_\_\_\_

Location: \_\_\_\_\_ Principal: \_\_\_\_\_

Reason for transfer: \_\_\_\_\_

Which grade did he/she last complete: \_\_\_\_\_ When completed: \_\_\_\_\_

Estimate the level of work your child is doing now (circle one): Excellent Good Average Poor

Has your child ever been retained a grade? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Has your child had a speech/language evaluation? Yes No

Has your child been given or recommended for special testing? Yes No

Has your child been recommended for special classes? Yes No

Date of testing: \_\_\_\_\_ Results: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Referred by: \_\_\_\_\_

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