

Zion Evangelical Lutheran Church and School

4206 West Elm Street • McHenry, IL 60050

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

www.zionmchenry.org



APPLICATION FOR ENROLLMENT

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: _____

Address: _____ City: _____ Zip: _____

Class Requested:

3 Year Old Options:

_____ Full Day Preschool
M – F, 9am – 3pm

4 Year Old Options:

_____ Full Day Pre-K
M – F, 9am – 3pm

K – 4th Grade:

M – F, 9am – 3pm

_____ Kindergarten

_____ 1st Grade

_____ 2nd Grade

_____ 3rd Grade

_____ 4th Grade

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: _____

Please complete both sides



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 to call if parents cannot be reached:

_____ Phone _____
Name/Relationship

Cell Phone _____

_____ Phone _____
Name/Relationship

Cell Phone _____

Please list any **ALLERGIES** and or **HEALTH / ACCESSIBILITY NEEDS:**

Referred by: _____
(Current Zion families will receive a \$100 tuition credit for referring new students)

Parent / Guardian Signature: _____

Date _____