

**Re-Enrollment Application**

**School Year 2010 ~ 2011**

First Lutheran School  
1810 Northampton Street  
Holyoke, MA 01040

(413) 532-4272 Fax (413) 534-4239

**To enter Grade**

**Child Information**

Last

First

Middle

Address Street

City

State

Zip

Telephone Number

E-mail Address

Male/Female

Date of Birth

Place of Birth (City)

(State)

Child lives with \_\_\_\_\_

**Parent Information**

**Father**

Last

First

Middle

Place of Birth

Place of Employment / City / Occupation

Work Number

**Mother**

Last

First

Middle

Place of Birth

Place of Employment / City / Occupation

Work Number

Names & ages of brother(s) \_\_\_\_\_

Names & ages of sister(s) \_\_\_\_\_

When parents are both living, check if; married \_\_\_\_\_ divorced \_\_\_\_\_ separated \_\_\_\_\_ other \_\_\_\_\_

Church Affiliation:

Father

Mother

Child

Child's date of baptism \_\_\_\_\_

If child has any handicaps or experiences difficulty in school, please explain:

\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

<b>Office Use Only</b>		Payment Preference (please circle one)		____ Monthly Savings / Monthly Checking	
				____ In Full (VOIDED CHECK)	
Received ____/____/____	Date	Check #	Amount	Also see	Grade
First Month's Tuition	_____	_____	_____	_____	_____
Morning Care Card	_____	_____	_____	_____	_____
Pizza Ticket	_____	_____	_____	_____	_____
Hot Dog Ticket	_____	_____	_____	_____	_____
Children's Fund	_____	_____	_____	_____	_____