

Re-Enrollment Application

School Year 2011 ~ 2012

First Lutheran School
1810 Northampton Street
Holyoke, MA 01040

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

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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

Office Use Only		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	_____	_____	_____	_____	_____