

# St. Stephens Lutheran School Enrollment Application



2304 Springs Road NE Hickory NC 28601 (828) 256-2166 [www.sslswarriors.org](http://www.sslswarriors.org)

**OFFICE USE** Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Amount Paid: \_\_\_\_\_ Check # \_\_\_\_\_ Credit Debit Cash

## STUDENT INFORMATION

\_\_\_\_\_  
Student's Last Name Student's Full First Name Middle Name/Initial Nickname (goes by)

Sex:  M  F Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ How old will child be next September 1? \_\_\_\_  
Month Day Year

Entering Grade: Pre3 Pre4 T-K (Plan A: 8:00-12:00), (Plan B: 8:00-3:00), (Plan C: 8:00-5:00)  
(circle one) K 1 2 3 4 5 6 7 8

\_\_\_\_\_  
Home/Mailing Address

\_\_\_\_\_  
City State Zip

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

\_\_\_\_\_  
Best Contact Email

\_\_\_\_\_  
Church Membership Baptism Date

### ETHNICITY

- White/Non-Hispanic  Asian or Pacific Islander  
 Black/Non-Hispanic  American Indian/Alaskan  
 Hispanic  Multiracial

### STUDENT LIVES WITH (at primary residence)

- Father  Mother  
 Step-Father  Step-Mother  
 Grandfather  Grandmother  
 Foster Parent  Guardian  
 Other: \_\_\_\_\_

### RELIGION

- Lutheran (LCMS)  Christian  
 Other Lutheran  Methodist  
 Baptist  Non-denominational  
 Catholic  Other: \_\_\_\_\_  
 None

### SPECIAL EDUCATION SERVICES

Check if student has experienced or been enrolled in:

- IEP, PEP, or 504 Plan  
 Title I: Reading or Math  
 Speech or Language  
 Retention (Grade \_\_\_\_)  
 Attention Deficit (Hyperactivity) Disorder (ADD)  
 Behavior or Emotional Disability  
 Other Education or Health Concerns (attach note)

### PREVIOUS SCHOOL ENROLLMENT (if applicable)

Preschool \_\_\_\_\_

City & State \_\_\_\_\_

Elem School \_\_\_\_\_

City & State \_\_\_\_\_

Middle School \_\_\_\_\_

City & State \_\_\_\_\_

### PUBLIC SCHOOL ATTENDANCE AREA

Please list the respective public school the above student would attend based on the primary residence:

- Hickory City Schools  
 Catawba County Schools  
 Newton-Conover Schools  
 Other \_\_\_\_\_

\_\_\_\_\_  
Elementary School

\_\_\_\_\_  
Middle School

**FATHER**

Same address as student

Address

City State Zip

Employer/Occupation

Cell Phone Business Phone

Email

Church Membership (Church Name) City

**MOTHER**

Same address as student

Address

City State Zip

Employer/Occupation

Cell Phone Business Phone

Email

Church Membership (Church Name) City

**HEALTH & EMERGENCY INFORMATION**

Name of Emergency Contact (other than parent)

Relationship to student: \_\_\_\_\_

Address

City State Zip

Home Phone Cell Phone

Email

Doctor/Health Clinic

Doctor/Clinic Phone

**ENROLLMENT CERTIFICATION**

I hereby certify that the above student information and household information is true and complete.

Parent / Guardian Signature

**HEALTH INFORMATION**

Please list any health problems, which could affect your child's learning:

**OTHER INFORMATION**

Will child need extended care?  Yes  Morn  Afternoon  
 No

Are you interested in our summer program?  Yes  No

Date