

**ST. THOMAS LUTHERAN SCHOOL**

*Changing Hearts, Changing Lives Through Christ's Mercy, Love and Forgiveness*

**21221 Detroit Avenue, Rocky River, Ohio 44116**

**Phone: (440) 331-4426 Fax: (440) 331-2681 email: schooloffice@stls.net**

**KINDERGARTEN APPLICATION FORM**

**IS THE STUDENT**

Sibling of a current student     Member of St. Thomas Lutheran Church     Preschool Student Last Year

**STUDENT INFORMATION**

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Home Address \_\_\_\_\_ Home email \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone# \_\_\_\_\_ (listed)  
Gender  Male  Female Home Phone# \_\_\_\_\_ (unlisted)  
Student Lives With  Mother  Father  Both Parents  Guardian or Other \_\_\_\_\_  
Student Attends Church  Yes  No If yes where \_\_\_\_\_  
Baptism Date \_\_\_\_\_ Resident of Public School District \_\_\_\_\_  
Name of Public School Student would attend if not at St. Thomas \_\_\_\_\_

**PARENT INFORMATION**

|   |   |
|---|---|
| Father <input type="checkbox"/> Guardian <input type="checkbox"/> Stepfather <input type="checkbox"/> or Title _____<br>Name _____<br>Business Phone # _____<br>Employer or Business Name _____<br>Occupation _____<br>Employer Address _____<br>Does employer have a matching gift program? _____<br>Home address & phone (if different from student) _____<br>email address _____<br>Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated<br>Remarried <input type="checkbox"/> Widowed<br>Biological Father's ethnic origin: Caucasian <input type="checkbox"/><br>African American <input type="checkbox"/> Hispanic<br>Asian American <input type="checkbox"/> Other | Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Stepmother <input type="checkbox"/> or Title _____<br>Name _____<br>Business Phone # _____<br>Employer or Business Name _____<br>Occupation _____<br>Employer Address _____<br>Does employer have a matching gift program? _____<br>Home address & phone (if different from student) _____<br>email address _____<br><input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/><br><input type="checkbox"/> Remarried <input type="checkbox"/> Widowed <input type="checkbox"/><br>Biological Mother's ethnic origin: Caucasian <input type="checkbox"/><br><input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/><br><input type="checkbox"/> Asian American <input type="checkbox"/> Other <input type="checkbox"/> |
|---|---|

**FAMILY INFORMATION**

| Brother(s) & Sister(s) | Names | Age   | Grade School Attending |
|------------------------|-------|-------|------------------------|
| _____                  | _____ | _____ | _____                  |
| _____                  | _____ | _____ | _____                  |
| _____                  | _____ | _____ | _____                  |

**GRANDPARENT INFORMATION (to be included on our mailing list)**

|   |   |
|---|---|
| Name of Father's Parents _____<br>Address _____<br>City _____ State _____ Zip _____ | Name of Mother's Parents _____<br>Address _____<br>City _____ State _____ Zip _____ |
|---|---|

**OTHER GRANDPARENT INFORMATION (to be included on our mailing list)**

|   |   |
|---|---|
| Name _____<br>Address _____<br>City _____ State _____ Zip _____ | Name _____<br>Address _____<br>City _____ State _____ Zip _____ |
|---|---|

**\*\*\*Please enclose a copy of the student's birth certificate with your registration form. The \$75 Registration Fee MUST accompany this application for enrollment.**

St Thomas Lutheran School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. The school does not discriminate on the basis of race, color, national or ethnic origin in administration of educational policies, admission policies, grant-in-aid program, and athletic and other school administered programs.