



Shepherd of the Valley Lutheran School

APPLICATION FOR **PRESCHOOL** ADMISSION

Student Information

Student's Name	<input type="checkbox"/> Male <input type="checkbox"/> Female
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Date of Birth	Place of Birth
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Has your child attended school before? If so, where?

Applying for School Year	Applying for: 2 days (Tu./Th.) _____ 3 days (M, W, F) _____ 5 days _____
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Parent Information

Father's Name	Mother's Name	Telephone
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Address	City, State, Zip
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Father's Occupation	Employed by	Telephone
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Mother's Occupation	Employed by	Telephone
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If Parents are divorced or separated, to whom should admissions correspondence be sent? Father Mother Both (circle all that apply)	With whom does the child reside? Father Mother
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If you wish correspondence to be sent to another address, please indicate here: Yes	Address, City, State, Zip
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Church Information (circle all that apply)

Name of Church currently attending _____ Are you an active member of your church? Yes No	Is your child Baptized? Yes No Date _____ Does your child regularly attend church? Yes No Does your child regularly attend Sunday School? Yes No
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Reasons for Enrollment

Why do you wish to enroll your child in Shepherd of the Valley Lutheran School?

How did you hear about us?

Parent Signatures	
Father's signature	Date
Mother's signature	Date
Email Address:	
What school district do you reside in?	
Please refer to the Tuition Payment Policy for detailed information. Choose one of the following:	
<input type="radio"/>	Single Payment
<input type="radio"/>	Monthly, Weekly, or semimonthly payments (Thrivent's Simply Giving Program)
<input type="radio"/>	Special Payment Program (only if approved by the SVLS school board prior to registration)

A \$150 non-refundable registration fee per student is required with submission of the Application for Admission Form. This amount will be applied to the tuition fee. Checks may be made payable to Shepherd of the Valley Lutheran School. The maximum non-refundable registration fee per family is \$300.

Extended Day Program	I will NOT be using EDP _____
Please indicate which of the following you will be using:	
_____ Before Care (7:00 - 8:30)	Arrival Time _____
_____ After Care (11:30 - 5:30)	Pick Up Time _____

A \$10 per family registration fee must accompany this form if you will be using our EDP program. The times you put down will give us an idea of how many children we will have each day. You will fill out a form with exact times every two weeks and pay an hourly rate of \$3.50 per child.

Mission Statement

***Shepherd of the Valley Lutheran School exists to assist parents in our congregations and communities in their God-given responsibility to bring their children up in "the training and instruction of the Lord."
A shared Ministry of Bethel, Mount Calvary, and St. Luke Lutheran Church***