

# APPLICATION FOR NEW ADMISSION

**SALEM LUTHERAN SCHOOL  
5190 PARKER ROAD  
FLORISSANT, MO 63033  
(314) 741-8220**

**FOR OFFICE USE ONLY:**  
DATE RECEIVED \_\_\_\_\_ RECEIPT # \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_  
TESTED \_\_\_\_\_ RECORDS RECEIVED \_\_\_\_\_  
CHURCH MEMBERSHIP \_\_\_\_\_

**Application for New Admission - 2025-2026 School Year**

*Please fill out the application neatly and completely - print or type.*

*Return to the school office with the \$300 registration fee and copy of the child(ren)'s birth certificate and immunization record.*

**NAME OF STUDENT** \_\_\_\_\_  
(1<sup>ST</sup> CHILD) Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ (preferred/nickname)

Student to enter Grade \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female

Current School Attending \_\_\_\_\_ Principal \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Has student ever repeated a grade?  Yes  No If yes, which grade? \_\_\_\_\_

Indicate if student has been disciplined by a previous school:  Yes  No

Suspension:  Yes  No Asked to withdrew by school:  Yes  No Expulsion:  Yes  No

Please explain any yes: \_\_\_\_\_

Indicate if student has been: Evaluated by SSD:  Yes  No Current IEP:  Yes  No ADD Diagnosis:  Yes  No

Please explain any yes: \_\_\_\_\_

**Church Membership:** \_\_\_\_\_ If you are non-Lutheran, are you interested in attending a religious information class in which the religious doctrine taught in the school is presented by our pastor?  Yes  No

Child Baptized?  Yes  No Month Baptized \_\_\_\_\_

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**NAME OF STUDENT** \_\_\_\_\_  
(2<sup>ND</sup> CHILD) Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ (preferred/nickname)

Student to enter Grade \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female

Current School Attending \_\_\_\_\_ Principal \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Has student ever repeated a grade?  Yes  No If yes, which grade? \_\_\_\_\_

Indicate if student has been disciplined by a previous school:  Yes  No

Suspension:  Yes  No Asked to withdrew by school:  Yes  No Expulsion:  Yes  No

Please explain any yes: \_\_\_\_\_

Indicate if student has been: Evaluated by SSD:  Yes  No Current IEP:  Yes  No ADD Diagnosis:  Yes  No

Please explain any yes: \_\_\_\_\_

**Church Membership:** \_\_\_\_\_ If you are non-Lutheran, are you interested in attending a religious information class in which the religious doctrine taught in the school is presented by our pastor?  Yes  No

Child Baptized?  Yes  No Month Baptized \_\_\_\_\_

**STUDENT(S) LIVES WITH:**  Father & Mother  Father Only  Mother Only  
 Father/Stepmother  Mother/Stepfather  Grandparent/Guardian

**Ethnic Origin:** (used for government reporting purposes only)  African/American  Caucasian  
 Hispanic  Other

**Public School District** in which you live \_\_\_\_\_

**Public Elementary School /Junior High School** which you would attend \_\_\_\_\_

The following family referred me to Salem Lutheran School: Parent \_\_\_\_\_ Child \_\_\_\_\_

### **FAMILY DATA**

**Parent/Guardian #1 Name** (Dr./Mr./Mrs./Ms.) \_\_\_\_\_ Home Phone(\_\_\_\_) \_\_\_\_\_

Home Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_ Cell Phone(\_\_\_\_) \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ Pager (\_\_\_\_) \_\_\_\_\_

**Parent/Guardian #2 Name** (Dr./Mr./Mrs./Ms.) \_\_\_\_\_ Home Phone(\_\_\_\_) \_\_\_\_\_

Home Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_ Cell Phone(\_\_\_\_) \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ Pager (\_\_\_\_) \_\_\_\_\_

Are parents separated?  Yes  No      Divorced?  Yes  No      If yes, who has custody? \_\_\_\_\_

*Please star(\*) above which address to use for all correspondence about this application.*

### **EMERGENCY INFORMATION**

**School/Extended Care Program EMERGENCY CONTACTS** (Someone that does NOT reside at your address and is authorized to pick up your child - include additional names on another sheet of paper if needed):

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Day Phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Day Phone (\_\_\_\_) \_\_\_\_\_

**Doctor's Name** \_\_\_\_\_ Office Phone (\_\_\_\_) \_\_\_\_\_

Please share with us information about special needs (allergies, chronic conditions, discipline, special education):

# APPLICATION FOR NEW ADMISSION

## Salem Lutheran School Contract of Enrollment

If accepted by Salem Lutheran School and with (my/our) payment of the appropriate application fee, please enter (my/our) child/ren at Salem Lutheran School for the full school year subject to the rules and regulations of Salem Lutheran School as established by the faculty and approved by the Board of Christian Education and also subject to the written statements, rules, regulations, conditions, and financial terms contained in the Salem Lutheran School Parent/Student Handbook which is acknowledged to include the following and subject to change:

1. **A non-refundable registration fee of \$300.00 is required of each new student.**  
*(Please make checks payable to Salem Lutheran School.)*
2. **Students are expected to be in their classrooms, seated, and ready to begin class at 8:25am. when the school day begins. School doors open at 8:15am. The school day ends at 3:30pm.** Parents are expected to be prompt in picking up their child at the end of the day. If students are involved in after school activities they should leave school after the activity. If a student is absent for a day, parents are to call the school before 9:15am. to inform the school of the reason for the absence.
3. If I cannot be contacted, those people listed as "Emergency Contacts" are authorized to pick up my child during the school day or from the Extended Care Program. (Additional names may be attached to this application as needed.)
4. We, the parent(s)/guardian(s) give permission to Salem Lutheran School to use pictures, videos, and directory information regarding our child(ren) as related to school sponsored events, activities, and special recognitions as authorized by The Family Educational Rights and Privacy Act. Release of student information by the school is done prudently and primarily to promote the accomplishments of our school and our students.
5. If in the opinion of a properly licensed and practicing physician, (my/our) (child/ward) need medical or surgical services which require (my/our) authorization or consent before being supplied and reasonable attempts have been made to contact the parents/guardians, (I/we) hereby authorize, appoint and empower Salem Lutheran School to act as (my/our) agent to furnish on (my/our) behalf such oral or written authorization as may be so required, and (I/we) release Salem Lutheran School from any liability which might arise from the giving by it of such authorization; it being (my/our) desire that (my/our) (child/ward) be furnished with such medical or surgical services as soon as reasonably possible after the need arises.

### **WE EXPECT THAT THE STUDENTS OF SALEM LUTHERAN SCHOOL WILL ABIDE BY THE RULES AND REGULATIONS OF THE SCHOOL AS ESTABLISHED BY THE FACULTY AND APPROVED BY THE BOARD OF CHRISTIAN EDUCATION.**

Realizing our need for God's continued grace and the importance of a consistent, Christian witness to our children, we will attend worship services faithfully, receive the Lord's supper frequently, and study His Word regularly. We will also strive to practice those Christian attitudes and actions which we know reflect God's grace in our lives.

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Date

Signature of Father/Legal Guardian

Signature of Mother/Legal Guardian

**★APPLICATION IS INCOMPLETE WITHOUT SIGNATURE(S) AND REGISTRATION FEE★**