

St. Peter Lutheran School

A Great Place to Grow!

I, the undersigned, agree to:

- Support all school rules and regulations
- Worship regularly with my child at a Christian Church
- Make monthly tuition payments

Signature of parent or Guardian: Date:

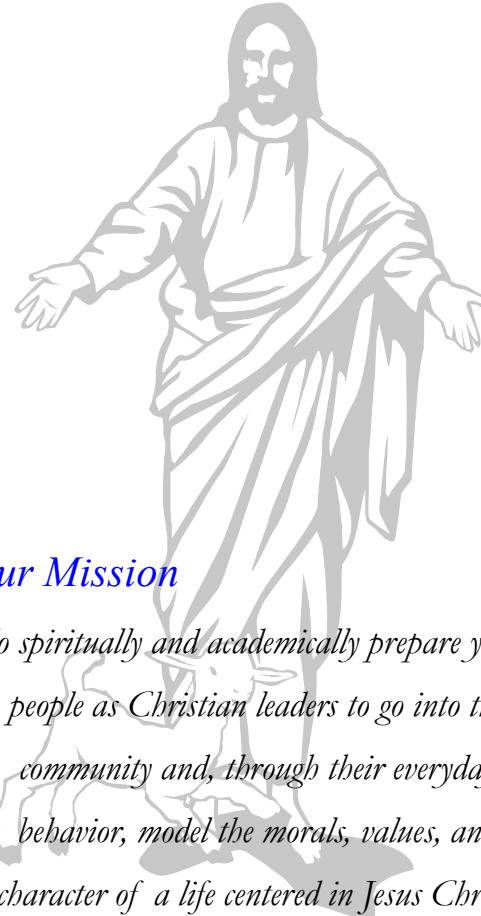
Signature of parent or Guardian: Date:

Applications from members of St. Peter Lutheran Church- Macomb, will be given priority through March 1.

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For Office use only

Date Received Amt. Received

Cash Check No. _____



Our Mission

To spiritually and academically prepare young people as Christian leaders to go into the community and, through their everyday behavior, model the morals, values, and character of a life centered in Jesus Christ.

St. Peter Lutheran School
17051 24 Mile Road

Phone: (586) 781-9296
Fax: (586) 781-9726

Application for Enrollment



Jesus loves me

St. Peter Lutheran School
(586)781-9296

Student Information

Child's First Name: Middle: Last:

Male Female

Grade Entering: K 1 2 3 4 5 6 7 8
(Circle One)

Birth date: (mo/da/yr)

Place of birth: (city)

Public School District:

Ethnic Origin:

(American Indian, African-American, Asian, Caucasian, Hispanic, Other/Multiracial)

Baptism date:

Does this child attend church regularly?

Yes No

Last school attended:

Former school's address:

City: State: Zip:

Former school's phone:

Student lives with:

Parents are:

- Both parents
- Mother
- Father
- Mother & stepfather
- Father & stepmother
- Grandparents
- Legal guardian

- Married
- Divorced
- Widowed
- Other _____

Father's Information:

Name:

Address: City: Zip:

Home Phone: Cell Phone:

Occupation: Work Phone:

Employer:

Church Membership:

City: Denomination:

Mother's Information:

Name:

Address: City: Zip:

Home Phone: Cell Phone:

Occupation: Work Phone:

Employer:

Church Membership:

City: Denomination:

Stepfather, Stepmother or Guardian information:

Name:

Address: City: Zip:

Home Phone: Cell Phone:

Occupation: Work Phone:

Employer:

Brothers & sisters in the student's home:

Name: Age:

Name: Age:

Name: Age:

Name: Age:

Please list allergies or other health concerns:

How did you find out about our school?

Your reason for applying? _____