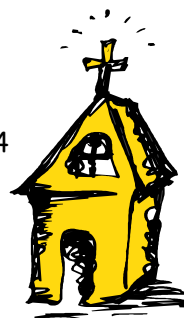


St. Peter's Lutheran School
1803 Hwy 1431 W, Marble Falls, TX 78654
830-693-2253
www.splcmf.org



PRE-ENROLLMENT FORM

Desired Enrollment Date _____

Desired Class _____ 3 year old class (8:30 am - 2:30 pm) Tuesday, Wednesday, Thursday
_____ Pre-Kindergarten (8:30 am - 2:30 pm) Tuesday, Wednesday, Thursday
_____ Kindergarten (8:30 am - 2:30 pm) Tuesday, Wednesday, Thursday
_____ Extended Learning Hours (8:30 am - 2:30 pm) Mondays and Fridays
(Child must be enrolled in one of the 3 classes in order to attend extended learning.)

Child's Name _____ Date of Birth _____

Address _____ City, State, Zip _____

Email _____ Telephone _____

Father's Name _____ Work or Cell Phone _____

Mother's Name _____ Work or Cell Phone _____

Present Church Membership & Location _____

Child Lives With: (circle one) both parents mother father other

Other Children in the Family Age Other Children in the Family Age

Previous School Experience _____

Special Remarks Concerning Child _____

Briefly explain why you want your child to attend St. Peter's _____

How did you learn about St. Peter's Lutheran School? _____

We, as parents, understand that quality education requires the joint effort of home and school. As a result, we will be supportive of the programs and policies of the school in order to strengthen our child's Christian education.

Parent Signature

Date

* This form serves as a "waiting list" reservation. An official spot in a class requires director approval and a paid registration fee of \$90 (\$135 for siblings) and half of the 1st month's tuition .The fees are NON-REFUNDABLE unless you move from the Marble Falls area before August 1st.