Admission Application

St. John Lutheran School	• 1027 East 176 th Street	• Cleveland, Ohio 44119	• (216)	531 -8204			
Applicant's Full Name		Applicant's Date of Birth					
Address		Place of birth					
City		Date of Baptism					
Age Sex	Race	Place Of Baptism					
Grade Level to enter		Social Security Number					
Father's Name		Mother's Name					
		Address					
Occupation		Occupation					
Employer		Employer					
Business Telephone Number		Business Telephone Number					
Home Telephone Number		Home Telephone Number					
Cell phone / Email		Cell phone / Email					
Education: (Check all that apply)	Attended Completed	Education: (Check all that apply)	Attended	Completed			
High School		High School					
Vocational School		Vocational School					
College		College					
Graduate School		Graduate School					
Marital Status		Marital Status					
Is applicant by present marriage?		Is applicant by present marriage?					
Are you a member of a church?		Are you a member of a church?					
		Church Name					
		Church Address					
Pastor's Name		Pastor's Name					
Do you attend church regularly?		Do you attend church regularly?					
Name of School District in which i	resident resides						
If applicant is not living with his/her father or mother, please explain the present home conditions							

Does the student have any elementary school of	or pre-school age	siblings?					
If yes, What ages and in what grades?				_			
Do you plan on paying tuition in full or using	Commercial						
Cleveland Scholarship Recipient? Yes	No	If yes, lottery #					
Ohio Ed Choice Scholarship Recipient? Yes No							
COMMITMENTS							
I hereby invest authority in St, John Lutheran School to discipline my child as necessary. I further agree that I will cooperate with the school and discipline my child in the home as needed.							
I do pledge my fullest cooperation to keep doctrinal controversy and denominationalism out of the school at all times.							
I agree that if my child should become involve complain to any parent, but in the love of Chris in private.							
I also agree to pay the tuition and fees according to arrangements that shall be made, and to conclude all required payments on or before the due date. I understand that failing such payment, the student will be denied admission to classes.							
I have read the above commitments and subscribe to them. (Yes) (No)							
I am willing to have my child trained in accord	lance with these	commitments. (Yes)	(N	0)			
I give permission for my child to participate in in the event my child becomes ill, or is injured A. Contact a parent or guardian of the si B. When no parent or guardian can be ri C. When no parent or guardian or the st instructions. I agree to relieve the school and its employees (Yes)(No)	I while under scho student and follow reached, contact the tudent's physician from any liability	ool supervision, I approving the student's physician in can be reached, contains	ove of the school a and follow his/her act a properly licens	instructions. sed practicing physician and follow his/her			
Exceptions (if any)							
Student's physician			Telephone Numb	ber			
Emergency Contact Person			Emergency Phon	ne Number			
Mother's Signature			Father's Signatur	re			
Guardian's Signature			Date Signed				
		OFFICE USE ONLY	I				
Interview fee \$ Check	Cash						
Registration \$ Check	Cash	h	Gym \$	Check Cash			

St. John Lutheran School admits students of any race, color, or national or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, or national or ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school administered programs