



Evansville Lutheran School

120 E. Michigan Street • Evansville, IN 47711

ENROLLMENT FORM

Student Information				Grade Entering:	
Student Name				Home Phone:	
Street Address					
City	State	Zip			
Mailing Address if different					
Birthdate			Baptismal Month:		
Gender	If registering for Kindergarten: Half Day or Full Day				
Is your child transferring from another school? _____Yes _____No					
School Name					
School Address					
City	State	Zip			
School Phone					
Custodial Parent/Guardian Information					
Father/Step-Father				Cell Phone #	
Employer				Work Phone #	
Mother/Step-Mother				Cell Phone #	
Employer				Work Phone #	
Marital Status	Student living with				
May we print your phone# in the School Directory? ___Yes ___No				Home Phone #	
E-mail address:				or Cell Phone #	
Please List Siblings	Age	Grade	Attending ELS?		
			Yes	No	
			Yes	No	
			Yes	No	
			Yes	No	
If None Check Here <input type="checkbox"/>					
Non-Custodial Parent Information					
Name				Phone	
Street Address					
City	State	Zip			
Send a copy of child's report card? Yes_____ No _____					
Is this parent allowed to pick up child from school? Yes _____ No _____					
May we contact this parent in case of emergency or illness: Yes_____ No _____					

Please turn over to complete

Account Information

Name of person responsible for all accounts			
Address			
City		State	Zip
Phone Number	()		
Work Phone	()		
Name of second person if account is shared by 2 parties			
Street Address			
City		State	Zip
Phone			
Church Membership (Association Church)	St. Paul's	Redeemer	
Church Membership (if Non-association Church)			

Were you referred to ELS? If so, by whom?

Payment Options

Payments may be paid in full on Registration Day or in monthly installments. Auto Draft is available for monthly payment plans. Monthly payments are due on the first of the month. If payment is received after the 10th, a \$25 late fee will be assessed.

_____ In full by Registration Day (5% discount)

_____ Monthly Payment Plan _____ Check _____ Auto Draft

_____ I will be applying for Scholarship.

Signature

Signature of Parent/ Guardian indicates a willingness to abide by the policies and procedures of the school.

Parent/Guardian

Date

One enrollment form needed per student.

Please return this form along with the Registration Fee of \$50 per child or \$100 per family to the School Office.

Office Use Only

Registration received on _____ Amount _____ Check# _____