

APPLICATION FOR ENROLLMENT

ST. STEPHEN LUTHERAN SCHOOL

320 MOORPARK WAY, MOUNTAIN VIEW, CA 94041 650-961-2071

DATE OF APPLICATION: _____

STUDENT'S NAME: _____ BIRTH DATE: _____ GRADE: _____ BAPTIZED? _____

STUDENT'S NAME: _____ BIRTH DATE: _____ GRADE: _____ BAPTIZED? _____

STUDENT'S NAME: _____ BIRTH DATE: _____ GRADE: _____ BAPTIZED? _____

ADDRESS: _____

CITY: _____ ZIP: _____ HOME PHONE: _____

PREVIOUS SCHOOL(S) ATTENDED: _____ GRADES: _____

_____ GRADES: _____

_____ GRADES: _____

FATHER'S NAME: _____ OCCUPATION: _____

EMPLOYER: _____ WORK PHONE: _____

MOTHER'S NAME: _____ OCCUPATION: _____

EMPLOYER: _____ WORK PHONE: _____

GUARDIAN'S NAME: _____ OCCUPATION: _____

EMPLOYER: _____ WORK PHONE: _____

CHURCH AFFILIATION OF PARENTS OR GUARDIAN. (IF NONE, LEAVE BLANK):

	FATHER	MOTHER	GUARDIAN
CONGREGATION			
NAME OF PASTOR			

ALL OTHER CHILDREN IN THE FAMILY:

NAME	AGE	GRADE	SCHOOL

Please call our school office at 650-961-2071 to schedule an appointment with our Pastor and Principal. We would like to meet with you and answer any questions that you may have regarding our school. Upon acceptance of your application, you will receive the necessary paperwork to register your child at St. Stephen Lutheran School. Thank you!

St. Stephen Lutheran School does not discriminate on the basis of race, color, national or ethnic origin.