



St. Peter Lutheran Church & School
8990 Church Road
St. Johns, MI 48879
Office (989) 224-3178
school@stpeterlutheran.org

2026–2027 St. Peter Lutheran School Enrollment Form

Please drop off/or mail in the \$125.00/per student (non-refundable) Enrollment Fee. The enrollment forms and fee are due by May 1st, 2026. All enrollment fees received after May 1st increase to \$150.00/per student. Checks can be made out to the St. Peter Lutheran School, please put "Enrollment Fee" in the check memo.

Student Information

Student Legal Name (Last, First, Middle): _____

Student Grade for 2026–2027 School Year

- Kindergarten
- 1st Grade
- 2nd Grade
- 3rd Grade
- 4th Grade
- 5th Grade
- 6th Grade
- 7th Grade
- 8th Grade

Enrollment Status

- New Day School Family *(No students previously enrolled in the Day School K–8 program)*
- Current Day School Family – New Student *(Family already has or had students in the program, but this is a new student enrolling)*
- Re-Enrollment – No Changes *(Student attended in 2025–2026 and no information has changed)*
- Re-Enrollment – Changes Needed *(Address, phone number, medical info, etc. have change)*

Student Demographics

Birthdate: _____

City/State of Birth: _____

Gender:

- Female
- Male

Do you live in the St. Johns Public School District?

- Yes

Other: _____

Has your child been baptized?

- Yes Date of baptism: _____
- No

Church you attend:

- St. Peter Lutheran Church
- None
- Other: _____

Student Primary Address (Street, City, State, Zip, County):

Household Phone Number: _____

Student is living with (check all that apply)

- Mother
- Father
- Stepmother
- Stepfather
- Foster Parent
- Legal Guardian
- Other: _____

Parent / Legal Guardian Information

Legal Name (Last, First, Middle): _____

Cell Phone: _____

Work Phone: _____

Email Address: _____

Relationship to Student:

- Parent
- Foster Parent
- Court Placed
- Other: _____

Parent / Legal Guardian Information (2)

Legal Name (Last, First, Middle): _____

Cell Phone: _____

Work Phone: _____

Email Address: _____

Relationship to Student:

- Parent
- Foster Parent
- Court Placed
- Other: _____

Special Programs Received at Prior School

- Special Education
- Speech
- ESL
- Reading
- Social Work
- IEP
- 504
- None
- Other: _____

Health Information. *Medical information is confidential and shared only when necessary.*

Does the student have any of the following health concerns?

- Diabetes
- Heart Condition
- Asthma
- Seizures
- None
- Other: _____

Allergies

- None
- Other: _____

Parent / Guardian Signature

As the parent/legal guardian, my signature affirms that the information provided in this form is true and accurate and that my child and I reside at the stated address. I understand false information may be subject to legal penalties for perjury.

In case of serious illness or injury while in the care of St. Peter Lutheran School staff, I authorize personnel to transport my child to a hospital or call an ambulance if necessary, and I assume all financial responsibility.

I also understand that health information may be shared when educationally relevant, necessary for health services or emergency care, or required to ensure the safety of students and staff.

Parent/Guardian Name (Print): _____

Signature: _____ **Date:** _____