

APPLICATION - PRE-KINDERGARTEN

SAINT  MICHAEL LUTHERAN SCHOOL

3595 Broadway • Fort Myers, Florida 33901
(239) 939-1218 • Fax (239) 939-1839
www.smlcs.org

Date _____ (Check One) Pre-K3 Half Day (8 - 11:30) School Year _____
 Pre-K3 Full Day (8 - 3)
 Pre 4

Male
 Female Date Of Birth _____

Child's Name _____
Address _____

City _____ State _____ Zip Code _____

Child Resides With: Mother Father Step-Mother
Circle Appropriate Person(s) Step-Father Guardian Other

Mother's Name _____ Father's Name _____

Spouse _____ Spouse _____

Address _____ Address _____

Home Number _____ Home Number _____

Cellular Number _____ Cellular Number _____

Employer _____ Employer _____

e-mail _____ e-mail _____

Work Phone _____ Work Phone _____

Marital Status _____ Marital Status _____

Present School Attending _____ Present Level _____

Does Your Child Have Any Medical Conditions? _____

Brothers & Sisters And Their Ages _____

Church Affiliation _____

How Did You Hear About Saint Michael Lutheran School? _____

Please tell us why you want your child enrolled in St. Michael and share any education concerns or challenges regarding your child _____

Application Fee: (Non-Refundable)

Please Make Checks Payable To "Saint Michael Lutheran School"

*Effective December 2005 this payment is applicable to all-inclusive tuition amount.

Photo Publicity Release: In consideration of the gifts of others, I hereby grant permission for any photographs or publicity involving my child while a student at Saint Michael Lutheran School to be used in conjunction with publicity of Saint Michael Lutheran School.

Mother's Signature _____

Father's Signature _____