

Staff _____

Office Use:

Grade List _____

Financial _____

Records _____

Computer _____

**Prince of Peace Christian School
Re-enrollment Application
Preschool – 12th Grade
School Year 2008-2009**

Student Name _____

Class or Grade Applying For (circle one)

4's MWF Full Day 4's M-F Full Day

K-prep Kindergarten Grade: 1 2 3 4 5 6 7 8 9 10 11 12

To enroll in The Zone (ESS), please indicate below.

THE ZONE (ESS) Class Applying For (check one)

_____ ZONE 1 – Before School Care, all ages _____ ZONE 4 – After School Care, One Day

_____ ZONE 2 – After School Care, all ages _____ ZONE 5 – After School Care, Two Days

_____ ZONE 3 – Before & After School Care, all ages _____ ZONE 6 – After School Care, Three Days

Drop In Care (requires \$50 application fee) - _____ ZONE 7 – A.M. Drop In _____ ZONE 8 – P.M. Drop In

Father's Name _____ Mother's Name _____

E-Mail Address _____ E-Mail Address _____

Parents are: _____ Married _____ Separated _____ Divorced _____ Mother Re-married _____ Single Parent
 _____ Father Re-married _____ Natural Father Deceased _____ Natural Mother Deceased

With whom does applicant reside? _____

Please list changes in family status (i.e. custody arrangements, financial responsibility, etc.)

Has your child been tested or recommended for testing within the last year? If yes, please give diagnosis / recommendations? _____

Please list changes in Family Worship Life (i.e. change in church membership): _____

Please complete if there are changes:

Church Name _____ Pastor's Name _____

Check one: _____ The Lutheran Church/Missouri Synod
_____ Lutheran Church/Other Synod
_____ A Non-Lutheran Congregation
_____ We have no church membership at this time

Is your family active in your church? ____ Yes ____ No

If you do not have a church home or are inactive in your church, would you like information about Prince of Peace Lutheran Church? ____ Yes ____ No

Is your child Baptized? ____ Yes ____ No

If not, would you like information on Baptism? ____ Yes ____ No

Father's Signature (or Legal Guardian) Date

Mother's Signature (or Legal Guardian) Date

All questions on this Application for Re-Enrollment Application must be answered and will be treated confidentially. False or misleading information, if later revealed as such, constitutes grounds for dismissal.

Prince of Peace Christian School
4000 Midway Road
Carrollton, TX 75007

(972) 447-9887
(972) 267-4202 fax
Email – admission@princeofpeace.org

Prince of Peace Christian School admits students of any race, color, nationality, and 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, nationality, or ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

Please do not write below this line – Office Use Only.

Received: Date: _____ Time: _____ By: _____

Profile Reviewed/Initialed _____	Check Number _____
Tuition Agreement _____	Total Paid \$ _____
FACTS Profile _____	Registration Fee \$300 \$500
Tuition Insurance – Accepted Declined	Tuition Insurance Pymt. \$ _____
	Zone (ESS) Fee \$50
Sibling(s) _____ Grade _____	Enrollment Fee (K students) \$500
_____	Other _____ \$ _____
_____	_____ \$ _____

Notes: _____

Date File Completed _____
Letter of Confirmation _____

Profile Review _____
(Parent initials)