BAY PINES EVANGELICAL LUTHERAN SCHOOL

Seminole, Florida

ENROLLMENT FORM

1. Why do you want your child(ren) enrolled in Bay Pines Evangelical Lutheran School?

2. Do you agree to have your child educated according to the beliefs, aims, and purposes of our school as stated in our School Handbook?

3. Are you willing to place your child under the training, instruction, and discipline of the Word of God that he will receive in our school?

4. Do you presently hold active membership in a church? If so, state the name and location:

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I (we) would like to enroll our child(ren) in Bay Pines Evangelical Lutheran School beginning with the ______ school year.

I (we) agree to have our child(ren) educated according to the manner stated in the School Handbook.

I (we) agree to enroll in the required "new parents" instruction course in Christian doctrine and to pay the required fees on a regular basis, understanding that failure to meet these requirements will jeopardize my (our) child(ren)'s enrollment.

NAMES OF CHILDREN	**AGE & BIRTHDAY**	**GRADE ENTERING**

Signed: ______________________________

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Date: ______________________________

Address: ______________________________

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Phone: ______________________________