

Returning Enrollment Application



St. John's Ev. Lutheran Elementary School

313 E Montello Street

Montello, Wisconsin 53949

608-297-2866

principal@stjohnsmontello.org

Date: _____

Grade: _____

Age: _____

Girl ☐ Boy ☐

Student's Name _____
Last First Middle

*If none of the below information has changed, please initial here. _____

*If there are changes, please continue below.

Address _____
Number and Street City State Zip

Telephone _____

Date of Birth _____ Place of Birth _____

Church Membership: _____ Denomination _____

City _____ Baptized: Yes ☐ No ☐

Primary Information

Name _____

Address _____

Cell Phone _____

Email _____

Secondary Information

Name _____

Address _____

Cell Phone _____

Email _____

If there are any recent special situations concerning the student or family, please note them here:

Parents' signatures _____ Date _____

Please return the application to the address at the top on the front. Application will be considered after it has been read and considered by Pastor, Principal, and School Board. Questions may be asked of the applicant after consideration.