

Zion Lutheran School
6101 FM 1105
Georgetown, TX 78626

2008-2009 APPLICATION FOR RE-ENROLLMENT
(Only one completed form is necessary per family.)

Parent(s) _____

Names of student(s) you wish to re-enroll.

_____	Grade (2008-2009) _____
_____	Grade (2008-2009) _____
_____	Grade (2008-2009) _____
_____	Grade (2008-2009) _____
_____	Grade (2008-2009) _____
_____	Grade (2008-2009) _____

Signature(s) of parent(s) (It is preferred that both parents sign.)

_____	_____
Father	Date
_____	_____
Mother	Date

*Please include the \$100 enrollment fee for each child when returning this form.
This will be applied toward the registration fee*

Office use:
Date received _____ Enrollment fee Paid _____ Check # _____

As partners with each family, **Zion Lutheran School's mission** is to nurture each child's growth in faith in Jesus Christ, knowledge of God's creation, and service toward others to His glory.