

2026-2027 STUDENT ENROLLMENT FORM
GRADES 1-8

White Creek Lutheran School
16270 S. 300 W. Columbus, Indiana 47201
(812) 342-6832

It is already time to plan and prepare for our 2026-2027 school year! An early enrollment helps us gauge the number of students for each grade and plan for book, space, and teacher needs. If your contact information has changed, please note a phone number, email, and home address where communications can reach you.

Families with NEW students should complete the New Student Information Form (attached as needed).

Please return this form with the pre-enrollment fee of \$100 per student by April 1. If paid after that date, the fee is \$150 per student. Checks may be made payable to "White Creek Lutheran School." (This amount is non-refundable.)

Parent Name _____

Returning families – only complete this section if it needs to be updated.	Address _____
	City _____ State _____ Zip _____
	Phone Number _____
	Email address _____

Home Church/Congregation _____

List all students in your family enrolling in Grades 1-8 for the 2026-2027 School Year:

Student Name	Entering Grade	*Voucher and SGO funding will cover approx. 85% of all tuition and fees. The remaining amount must be covered by families or their supporters. Please let the office know if you believe your Enrollment Fee is covered.
		☐ \$100 Enrollment Fee included
		☐ \$100 Enrollment Fee included
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		☐ \$100 Enrollment Fee included

OFFICE USE ONLY:		
DATE RECEIVED _____	PAYMENT _____	ACCEPTED FOR ENROLLMENT _____

2025-2026 STUDENT ENROLLMENT FORM
KINDERGARTEN

White Creek Lutheran School
16270 S. 300 W. Columbus, Indiana 47201
(812) 342-6832

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Please return this form with the pre-enrollment fee of \$100 per student by April 1. If paid after that date, the fee is \$150 per student.

Parent Name _____

Returning families – only complete this section if it needs to be updated.

Address _____

City _____ State _____ Zip _____

Phone Number _____

Email address _____

Home Church/Congregation _____

Kindergarten Student Name: _____ **Birthdate:** _____

Enrolling in: ☐ **5-DAY Program** ☐ **3-DAY (Monday/Weds/Friday) Program**

☐ \$100 Enrollment Fee included. **Voucher and SGO funding will cover approx. 85% of all tuition and fees. The remaining amount must be covered by families or their supporters. Please let the office know if you believe your Enrollment Fee is covered.*

The following questions help us determine whether your student may be eligible for special funding:

Is your child currently participating in a preschool or Pre-K program?

☐ No ☐ Yes: If yes, where? _____

Does your child currently receive speech/language or occupational therapy services from the county?

☐ No ☐ Yes: If yes, describe: _____

The attached Kindergarten Readiness Checklist is not required, but is intended to help families consider any areas of particular strength or concern as they prepare for school. Please contact us to discuss as needed!

OFFICE USE ONLY:

DATE RECEIVED _____ PAYMENT _____ ACCEPTED FOR ENROLLMENT _____