



Does your child have any special needs? \_\_\_\_\_yes \_\_\_\_\_no

Please describe in detail:

Is your child currently receiving any of the following?

\_\_\_\_\_ Speech Therapy \_\_\_\_\_ Occupational Therapy

\_\_\_\_\_ Physical Therapy

Students with two households can request duplicate mailings. We request \$15.00 to cover the additional postage costs. Please send duplicate mailings to:

\_\_\_\_\_  
\_\_\_\_\_

Please list any students under your guardianship who are currently attending St. Luke School:

Name

Current Grade

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about St. Luke School/Parish? \_\_\_\_\_

Who referred you to St. Luke School/Parish? \_\_\_\_\_

\*\*\*\*\*

Student Name: \_\_\_\_\_

Last School Attended (please include address): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Attention: Records Department: Please send records to:**

**St. Luke School  
1442 North Fairfield Road  
Beavercreek, OH 45432**

Would your child be permitted to return to the school above? \_\_\_\_\_yes \_\_\_\_\_no

If no, please explain in detail:

Is there any other information we need to know? (please describe in detail)

By signing this form, I hereby attest to the accuracy of the information I have provided to St. Luke School. I, as parent or legal guardian, give authority to St. Luke Catholic School to request all records concerning this student. I understand that tuition payments are expected and are to be paid in a timely manner

X  
\_\_\_\_\_  
Parent/Guardian Signature Date