

APPLICATION FOR ADMISSION
2026-2027 School Year
ST. LUKE'S EPISCOPAL DAY SCHOOL
228 Spring St. Hot Springs, AR 71901
(501)-623-1653

Current St. Luke Student: Y/N

Child's Name _____ Child's DOB _____ Age on 8/1/2026 _____

Home Address _____ City _____ State _____ Zip _____

Parent Name (1) _____ Relation to Child _____

Home Phone _____ Mobile Phone _____ Email _____

Work Phone _____ Workplace & City _____ Work Hrs _____

Parent Name (2) _____ Relation to Child _____

Home Phone _____ Mobile Phone _____ Email _____

Work Phone _____ Workplace & City _____ Work Hrs _____

If parents can't be reached, person to be called in an emergency:

Name: _____ Address _____

Phone _____ Relationship to child _____

Child to be enrolled in: (Select one)

5 DAY _____

3 DAY _____ DAYS PREFERRED (not guaranteed): _____

2 DAY _____ DAYS PREFERRED (not guaranteed): _____

ENROLLMENT REQUIREMENTS CONTRACT:

We hereby apply for the admission of _____ to St. Luke's School for the _____.
(Student name) (School year)

DATE: _____ PARENT'S SIGNATURE: _____

NOTE: \$75.00 Enrollment Fee is due when this completed application form is returned to the school. Completing the registration does not guarantee admission. If you are put on a waiting list and you decide not to come to St. Luke's, your deposit is refundable. If you decide not to attend St. Luke's and have been accepted, the registration fees are non-refundable.