

**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 INFANT PROGRAM \_\_\_\_\_

**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.