



APPLICATION FOR ADMISSION

STUDENT INFORMATION Date

Student's Name (first, middle, last)				Male <input type="checkbox"/> Female <input type="checkbox"/>	
Date of Birth	Place of Birth	Age	Ethnicity	Telephone	
Address				With whom does the child reside?	
Present School	Address/City/State			Current Grade Level	
Applying for School Year				Applying for Grade Level	
If applying for preschool, how many days?					
3 days (Mon, Wed, Fri) <input type="checkbox"/>		5 days (Mon-Fri) <input type="checkbox"/>			

PARENT/GUARDIAN INFORMATION

Father/Guardian's Name		Telephone	Email Address	
Residence Address			City, State, Zip	
Occupation	Employed by		Business Telephone	Ext.
Mother/Guardian's Name		Telephone	Email Address	
Residence Address			City, State, Zip	
Occupation	Employed by		Business Telephone	Ext.
If parents are divorced or separated, to whom should admissions correspondence be with?			If you wish correspondence to be sent to an address other than the above, please indicate below:	
Name		Street Address	City, State, Zip	

CHURCH INFORMATION

Name of church currently attending _____ <input type="checkbox"/> N/A	Is your child baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you members of this church? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your child regularly attend church? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you regularly attend church? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your child regularly attend Sunday School? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you wish to become a member of Christ Lutheran Church? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe	
Would you regularly attend worship services at Christ Lutheran Church? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe	
Are you interested in attending classes which explain the teachings of Christ Lutheran Church? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe	

ACADEMIC INFORMATION

Has your child ever had problems in school with regard to (check all that apply): <input type="checkbox"/> Social Adjustment <input type="checkbox"/> Discipline <input type="checkbox"/> Academics <input type="checkbox"/> Other	
Please explain:	
Has an Individual Education Plan(IEP) been implemented for this student during the current or past school year? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you agree to supervise your child's homework and see to it that assignments are completed on a regular basis? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you agree to comply with all policies as defined by the school handbook? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is a language outside of English spoken in your home? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has your child encountered or been involved with civil or juvenile authorities? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain:	
Has your child ever been promoted more than one grade in a year? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has your child ever been retained in a grade? <input type="checkbox"/> Yes <input type="checkbox"/> No

