



Christ Lutheran School

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	City/State		Current Grade Level	
Applying for School Year			Applying for Grade Level	
PARENT/GUARDIAN INFORMATION				
Father/Guardian's Name		Residence Telephone	Cell Phone	Email Address
Residence Address			City, State, Zip	
Occupation	Employed by		Business Telephone	Ext.
Mother/Guardian's Name		Residence Telephone	Cell Phone	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 _____			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				
Would you regularly attend worship services at Christ Lutheran Church? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you interested in attending classes which explain the teachings of Christ Lutheran Church? <input type="checkbox"/> Yes <input type="checkbox"/> No				
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:				
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"/>				
Has your child been in difficulty 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	

SIBLING INFORMATION

Name	Birthday	Age	Grade	School
Name	Birthday	Age	Grade	School
Name	Birthday	Age	Grade	School
Name	Birthday	Age	Grade	School

REASONS FOR ENROLLING

Why do you wish to enroll your child in Christ Lutheran School?

PARENT SIGNATURES

I hereby declare that, to the best of my knowledge and belief, the information given in this application is true and complete, and I have not withheld any medical, academic, behavioral, and/discipline issues. I understand that if my child has been expelled or referred for expulsion in a previous school, it is my obligation to inform the principal upon applying for admittance (Failure to answer all questions honestly could not only be detrimental to your student and others, but also grounds for dismissal from school). In addition, upon enrollment I agree to pay all school bills in a timely manner and understand that Christ Lutheran School may withhold my child's transcripts and academic records until payment is made in full.

Father/Guardian's Signature	Date
Mother/Guardian's Signature	Date

CHURCH & SCHOOL STAFF COMMENTS

Principal's comments:

Board of Education's comments, if applicable:

for office use:

date received	_____	files requested	_____
handbook reviewed	_____	health record	_____
registration paid	_____		