

Group _____
Number _____

Application for Admission

Applying for Grade (circle one) K 1 2 3 4 5 6 7 8 Sex: M F

Child's Full Name: _____

Parents' Names: _____
(First) (Middle) (Last)

Date of Birth: ____/____/____ Name Child Goes By: _____
(Mo) (Day) (Yr)

Home Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Email Address: _____ Cell Phone: _____

Religious Affiliation: _____ Church Membership: _____

Has your child been baptized? Yes No

Child Lives With (circle one): Both Parents Father Mother Guardian

Siblings: Name _____ Age _____ Grade _____
Name _____ Age _____ Grade _____

Others Living in Household: _____

School last attended: _____ Last Grade attended: _____

Address: _____

Phone Number: _____ Name of Director/Principal: _____

Has your child ever had a psychological evaluation or professional assessment pertaining to his/her emotional, intellectual, or physical ability? ____Yes ____No If yes, please explain.

Has your child had any problems in school? (Please specify, academic, social, disciplinary, etc.)

Why do you wish to enroll your child in Resurrection Lutheran School? What are your expectations of Resurrection Lutheran School?

Will you require regular before school care? Yes No

Will you require regular after school care? Yes No

I, the undersigned, do hereby certify this information to be correct and factual.

Signature of Parent/Guardian: _____ Date: _____