

RESURRECTION LUTHERAN SCHOOL
2012/13 APPLICATION FOR ADMISSION



100 Lochmere Drive
Cary, NC 27518

Phone: 919-851-7270 X35
Fax: 919-851-6411
E-mail: rosiecreasy@rlscary.org

Applicant Information

Student Name _____ Academic Year _____ Grade Applying _____

Student Nickname _____ Student Date of Birth _____ Gender _____

How did you hear about RLS? _____

Student Address _____

City _____ State _____ Zip _____

Local School District of Residence _____

Student Ethnicity _____ Student Citizenship _____ Primary Language Spoken at Home _____

Attach a recent photo.

Previous Schools

Has the applicant previously attended another school? _____

Most Recent/Previous School Attended:

School Name _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ From _____ to _____ Grade Completed _____

What is the name of the applicant's last director/principal? _____

Others:

School Name _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ From _____ to _____ Grade Completed _____

What is the name of the applicant's last director/principal? _____

Has the applicant had any problems in school? _____

If yes, please specify if academic, social, disciplinary, etc. and explain. _____

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Religious Affiliation

Religious Affiliation _____ Current Membership _____

Local Church Member? _____ Yes _____ No

Has the applicant been baptized? _____ Yes _____ No

Additional Student Information

Does the applicant have any siblings? _____ Yes _____ No If yes, Please list.

Name _____ Age _____ Grade _____

Name _____ Age _____ Grade _____

Name _____ Age _____ Grade _____

Please list other people living in the same household as the applicant (in addition to parents and siblings). _____

Has the applicant ever had a psychological evaluation or professional assessment pertaining to his/her emotional, intellectual, or physical ability? _____ Yes _____ No

If yes, please explain. _____

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

What are your expectations of Resurrection Lutheran School _____

Will the applicant require regular before school care? _____ Yes _____ No

Will the applicant require regular after school care? _____ Yes _____ No

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Household 1

Please answer the following questions about the applicant's **primary** custodial household.

Household 1

Street Address _____

City _____ State _____ Zip _____ Home Phone _____

Parent/Guardian One

Last Name _____ First Name _____ Middle Initial _____ Salutaion _____

Gender _____ Relationship to Applicant _____ Custodial Rights? Yes/No _____ Financial Responsibility? Yes/No _____

Receive Correspondence? Yes/No _____ Marital Status _____ Email _____

Work Phone _____ ext _____ Cell Phone _____

Occupation _____ Job Title _____ Employer _____

Employer Address _____ City _____ State _____ Zip _____

Religious Affiliation _____ Church Membership _____

Highest Level of Education _____ School Name _____ Degree _____

Parent/Guardian Two (leave blank if not applicable)

Last Name _____ First Name _____ Middle Initial _____ Salutaion _____

Gender _____ Relationship to Applicant _____ Custodial Rights? Yes/No _____ Financial Responsibility? Yes/No _____

Receive Correspondence? Yes/No _____ Marital Status _____ Email _____

Work Phone _____ Cell Phone _____ ext. _____

Occupation _____ Job Title _____ Employer _____

Employer Address _____ City _____ State _____ Zip _____

Religious Affiliation _____ Church Membership _____

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Household 2

Does the applicant have a parent/guardian that lives at another address?

Household 2

Street Address _____

City _____ State _____ Zip _____ Home Phone _____

Parent/Guardian One

Last Name _____ First Name _____ Middle Initial _____ Salutaion _____

Gender _____ Relationship to Applicant _____ Custodial Rights? Yes/No _____ Financial Responsibility? Yes/No _____

Receive Correspondence? Yes/No _____ Marital Status _____ Email _____

Work Phone _____ ext _____ Cell Phone _____

Occupation _____ Job Title _____ Employer _____

Employer Address _____ City _____ State _____ Zip _____

Religious Affiliation _____ Church Membership _____

Highest Level of Education _____ School Name _____ Degree _____

Parent/Guardian Two (leave blank if not applicable)

Last Name _____ First Name _____ Middle Initial _____ Salutaion _____

Gender _____ Relationship to Applicant _____ Custodial Rights? Yes/No _____ Financial Responsibility? Yes/No _____

Receive Correspondence? Yes/No _____ Marital Status _____ Email _____

Work Phone _____ Cell Phone _____ ext. _____

Occupation _____ Job Title _____ Employer _____

Employer Address _____ City _____ State _____ Zip _____

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Emergency Contacts and Authorized Pick-up (in the event parent or guardian cannot be reached)

Emergency Contact

Name _____ Phone _____

Relationship _____

Name _____ Phone _____

Relationship _____

Authorized Pick-up

Name _____ Phone _____

Relationship _____

Name _____ Phone _____

Relationship _____

Medical Information

Doctor Name _____ Phone _____ Address _____

Dentist Name _____ Phone _____ Address _____

Insurance Company _____ Policy _____ Group _____

Alumni or Currently Enrolled Students

Does the applicant have any other relatives who currently attend, have attended or have graduated from our school? _____

Alumnus/Enrolled 1

Name _____ Relationship to Applicant _____ Years _____

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