



APPLICATION FOR ADMISSION

A non-refundable application fee of \$100.00 must accompany this application.

GENERAL INFORMATION

Applicant's Full Name _____
Last First Middle

Preferred Name _____ Grade interest _____ Enrollment date _____
(month/year)

Date of Birth _____ Citizenship _____ Entering grade _____
(Jr K-8th)

Home Address _____

Telephone _____

FAMILY INFORMATION

Parent/Guardian 1

Parent/Guardian 2

Copy on correspondence? Yes No

Full Name _____
 Mr. Mrs. Dr. Ms. Other

Email _____

Address _____
(if different from applicant)

Telephone _____
(cell/home)

Church Membership _____

Occupation/ Position _____

Business/ Employer _____

College or University _____

SCHOOL INFORMATION

Name of current school _____

Currently enrolled in grade _____ Years at current school _____ Telephone _____

Address _____

Principal/Head of School _____

Teacher _____

RLS may request my student's school records (Grades 1-8) Yes No

Applicant's extracurricular activities, hobbies, special interests _____

Has the applicant ever had any educational, psychological or neurological evaluation? Yes No
If yes, please indicate date, type of testing, and examiner.

Is the applicant currently being counseled by a psychologist or other therapist? Yes No
If yes, please indicate name, address, and telephone number.

May we contact this individual? Yes No

Has applicant ever been requested to withdraw from any school? Yes No
If yes, please explain in an accompanying letter.

IMPORTANT

Why do you wish to enroll your child at Resurrection Lutheran School (RLS)? _____

What are your expectations of RLS? _____

SCHOOL OFFICE INFORMATION

If you are interested in parent volunteer opportunities, please share where you believe your gifts would be put to best use.

Names relatives/friends who have been students at Resurrection Lutheran School:

Name _____ Relationship _____ Class _____

Name _____ Relationship _____ Class _____

How did you hear about RLS? _____

Name of RLS referral, if applicable? _____

BUSINESS OFFICE INFORMATION

Name and address of individual responsible for tuition and bills _____

Do you plan to apply for scholarship (need based)? o Yes o No
(Scholarship decisions are made independent of admissions decisions.)

If you are requesting aid, please visit <https://online.factsmgt.com/signin/4GONY> to complete application following acceptance.

In consideration of the undertaking of Resurrection Lutheran School to process this application and related forms, I hereby agree that the information furnished on this form, together with all information and materials of any kind received at RLS from any source, or prepared by anyone at the School's request, shall be confidential and shall not be disclosed to anyone, including me and my family, except as the Admissions Director may, for official purposes and at at his/her discretion, disclose any part thereof to such person or persons as deemed advisable

I declare that the information reported on this form, to the best of my knowledge and belief, is true, correct, and complete at the date of this application. I am submitting herewith the non-refundable application fee of \$75.00.

Signature of Parent or Guardian

Date

Resurrection Lutheran School prohibits in all its programs discrimination against or harassment of any individual or group based on gender, race, color, sexual orientation or religion.

Return to:

Director of Admissions: 100 Lochmere Dr. W, Cary, NC 27518 or admissions@rlscary.org