

Guidance and Admission

List each school attended during past three years. If more space is needed, please use remarks section below:

School _____
Address _____
City _____ State _____ Zip _____
Dates of Attendance _____ Grade(s) finished or in Progress _____

School _____
Address _____
City _____ State _____ Zip _____
Dates of Attendance _____ Grade(s) finished or in Progress _____

What language is spoken at home? _____

Has applicant skipped a grade? Yes No Repeated a grade? Yes No Which grade? _____

Applicant's special talents and/or interests _____

Is there any additional information you would like to share with us so we may better understand your child and respond to his/her needs? _____

Has applicant ever received disciplinary censure at school or from the community, including any law enforcement agency? Yes No
School Suspension? Yes No Expelled? Yes No
Asked to withdraw by the school? Yes No Withdrawn voluntarily from any school? Yes No

Please share with us information about discipline matters: _____

Have you consulted a physician or other professional regarding any of the following:

Academic Development? Yes _____ No _____
Speech and Language Development? Yes _____ No _____
Physical Development or Coordination? Yes _____ No _____
Emotional or Behavioral Development? Yes _____ No _____

If you have answered "yes" to any of the above, please explain: _____

How did you first learn about St. Luke's Lutheran School? _____

If either parent or any sibling is an alumnus or alumna of St. Luke's Lutheran School, please give name and the dates of attendance: _____

Other Important Information

Please indicate the name(s) of person(s) and address(es) who should receive report cards if different from above

Name of person responsible for bills (this person must sign enrollment contract along with other parent or person having custody) and give address if not noted on this application: _____

Grandparents: (please provide complete address for newsletters, invitations to events & annual fund mailings)

First Name Last Name Address City State Zip

First Name Last Name Address City State Zip

First Name Last Name Address City State Zip

First Name Last Name Address City State Zip

Please attach a separate sheet if there are additional grandparents

Medical Requirements

All students of St. Luke’s Lutheran School MUST have an updated immunization form on file prior to the first day of school. Students entering kindergarten MUST have a physical form completed no earlier than 12 months prior to the date the child enters kindergarten.

In case of illness and I cannot be reached, the following persons will assume responsibility:

	NAME	RELATIONSHIP TO CHILD	TELEPHONE NUMBER
1.	_____	_____	_____
2.	_____	_____	_____

Physician’s Name _____ Phone Number _____

Allergies _____

Unusual habits, fears, or attachments _____

Regular medications _____

If applicant intends to participate in school sanctioned sports, an Athletic Participation Form must be completed. These forms may be obtained on our website.

Injury Agreement

I authorize the school to call an emergency ambulance in case of accident or acute illness and to arrange for possible emergency medical and surgical care in case I am not immediately available. It is understood that a reasonable effort be made to notify me or _____ before such action is taken. This agreement is in force during the time the child is enrolled in St. Luke’s Lutheran School.

_____ Date _____ Signature

Field Trip Consent

We ask that you give your consent for your child to accompany his/her class on all field trips during the school year. Detailed information regarding each outing will be sent home with your child prior to every field trip. No child will be permitted to take these trips without this signed consent.

_____ Parent Signature