

ST. LUCAS EVANGELICAL LUTHERAN SCHOOL

Application for Admission

Student Information			
Student's Name (An application is needed for each child.)		Gender <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
Student's Place of Residence: Street Address		City	Zip Code
Home Phone No.			
Student lives with (check all that apply): <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Guardian(s) If so, relationship to child: _____			
Date of Birth	Verified	Applying for Grade Level / School Year	Baptized <input type="checkbox"/> YES <input type="checkbox"/> NO
Ethnic Origin: (Please check) <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> African-American <input type="checkbox"/> Asian <input type="checkbox"/> Native American			
Family Background/Mailing Information			
Father/Guardian's Name		Mother/Guardian's Name	
Address		Address	
City	State	Zip Code	
Home Phone Number		Email address	
Status (check one) <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Deceased <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Remarried to _____		Status (check one) <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Deceased <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Remarried to _____	
Custody of child (if applicable) <input type="checkbox"/> Sole <input type="checkbox"/> Joint		Custody of child (if applicable) <input type="checkbox"/> Sole <input type="checkbox"/> Joint	
If your child resides with you, he/she will bring home school related information (newsletter, report cards, etc.). If he/she does not reside with you, do you wish to receive mailings? <input type="checkbox"/> Resides with me. <input type="checkbox"/> Yes, please mail. <input type="checkbox"/> No		If your child resides with you, he/she will bring home school related information (newsletter, report cards, etc.). If he/she does not reside with you, do you wish to receive mailings? <input type="checkbox"/> Resides with me. <input type="checkbox"/> Yes, please mail. <input type="checkbox"/> No	
Employer		Employer	
Work Phone Number		Work Phone Number	
Church Affiliation (check one) <input type="checkbox"/> St. Lucas <input type="checkbox"/> Other WELS/ELS Church _____ <input type="checkbox"/> No church home <input type="checkbox"/> Other Christian Church _____ <input type="checkbox"/> Non-Christian Church _____		Church Affiliation (check one) <input type="checkbox"/> St. Lucas <input type="checkbox"/> Other WELS/ELS Church _____ <input type="checkbox"/> No church home <input type="checkbox"/> Other Christian Church _____ <input type="checkbox"/> Non-Christian Church _____	
If there are any additional people living in the home, please list name, age, relationship to child. _____ _____		If there are any additional people living in the home, please list name, age, relationship to child. _____ _____	

Academic Information

Schools Attended: Most recent one listed on line 1.

1. _____ Address: _____ City, State, Zip: _____

Grades: _____ Dates: From (month/year) _____ to (month/year) _____

2. _____ City, State: _____

Grades: _____ Dates: From (month/year) _____ to (month/year) _____

3. _____ City, State _____

Grades: _____ Dates: From (month/year) _____ to (month/year) _____

Has your child ever been promoted more than one grade in a year? _____ YES, When: _____ NO

Has your child ever been retained in a grade? _____ YES, Grade: _____ NO

Has your child ever had problems with regard to: (check any that apply and explain)

_____ A particular academic subject _____ Social Adjustment _____ Discipline _____ Civil of Juveniles Authorities

Comments: _____

Identify accomplishments (academic, extra-curricular) of your child: (check any that apply and explain)

_____ Honor Roll _____ Awards _____ Music _____ Athletics

Comments: _____

Please list any health conditions your child has that would impact his/her educational experience at St. Lucas:

Comment: _____

Reasons for applying at St. Lucas Lutheran School:

Comment: _____

Everything stated in this application is true and accurate.

Parent's/Guardian's Signature: _____ Date _____

_____ Date _____