ST. LUCAS EVANGELICAL LUTHERAN SCHOOL

Application for Admission

Student Information

Student's Name (An application is needed for each child.)	Gender ___MALE ___FEMALE

Student's Place of Residence: Street Address City Zip Code Home Phone No.

Student lives with (check all that apply):

_____ Father _____ Mother _____ Stepfather _____ Stepmother _____ Guardian(s) If so, relationship to child:_____

Date of Birth Verified	Applying for Grade Level / School Year	Baptized _____ YES _____ NO

Family Background/Mailing Information

Father/Guardian's Name	**Mother/Guardian's Name**
Address	Address
City State Zip Code	City State Zip Code
Home Phone Number Email address	Home Phone Number Email address
Status: _____ Married _____ Separated _____ Divorced _____ Deceased _____ Single _____ Widowed _____ Remarried to _____	Status: _____ Married _____ Separated _____ Divorced _____ Deceased _____ Single _____ Widowed _____ Remarried to _____
Custody of child (if applicable) _____ Sole _____ Joint	Custody of child (if applicable) _____ Sole _____ 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? _____ Resides with me. _____ Yes, please mail. _____ 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? _____ Resides with me. _____ Yes, please mail. _____ No
Employer	Employer
Work Phone Number	Work Phone Number
Are you a member of a Christian Church? _____ No _____ Yes, Name of Church: _____	Are you a member of a Christian Church? _____ No _____ Yes, Name of 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. _____ _____

(OVER)

St. Lucas Ev. Lutheran School, 648 E. Dover St., Milwaukee, WI 53207
Phone: 414/483-9122 Fax: 414/486-0591 – Principal Michael Koestler

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 _____