

# CHRIST LUTHERAN SCHOOL

## STUDENT APPLICATION FORM

Application for Grade: \_\_\_\_\_ School Year: \_\_\_\_\_

### STUDENT INFORMATION

Student's Full Legal Name: \_\_\_\_\_

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Current Grade: K 1 2 3 4 5 6 7 8 (circle one)

Current School Name and Address: \_\_\_\_\_

### FAMILY INFORMATION

**Father/Guardian** Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

**Mother/Guardian** Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

**SIBLINGS**

List other children in the family:

Name	Birth Date	School Attending	Current Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**CHURCH INFORMATION**

Church Family Attends: \_\_\_\_\_

Are you a member: Yes or No Do you attend church regularly: Yes or No

Church Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Church Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Pastor and/or Youth Pastor: \_\_\_\_\_

**Please return this form to Christ Lutheran School, 467 E. Colome Street, Chippewa Falls, WI 54729, with your non-refundable \$100 registration fee.**

Dear Parent or Guardian:

Please complete the above form to request that your child be considered for enrollment at Christ Lutheran School. Fill out a separate form for each student. Please prayerfully consider your decision and commitment to attending the school when you begin the enrollment process. We need a very accurate projection of student enrollment to purchase curriculum, hire staff members, and plan effectively for the coming year. While we are excited about offering your child a Christian education and will work with you and your child to the best of our ability and resources, we are not in a position to offer either academic or behavioral special education services.

When you have completed and returned this form, you will be contacted and advised of the steps to be taken to complete the enrollment process. If your child is entering Kindergarten, we will set up an appointment for screening with our Kindergarten teacher. If your child has attended another school or has been home schooled, please be prepared to bring or have transcripts sent to Christ Lutheran School indicating your child’s academic progress. Upon completion of enrollment, you will also need to provide the school with immunization records.

Thank you for your interest in Christ Lutheran School.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

For office use only: Date of receipt of application and fee: _____ Check #: _____
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