

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	2)		
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:			

SIBLINGS			
List other children in the fa	mily:		
Name	Birth Date	School Attending	Current Grade
CHURCH INFORMATION	ON		
Church Family Attends:			
Are you a member: Yes	or No	Do you attend church regularly	Yes or No
Church Address:			
City:		State: Zip Code	e:
Church Phone: ()		<u> </u>	
Pastor and/or Youth Pastor	:		
with your non-refunda	able \$100 registration f	School, 467 E. Colome Street, Chippew fee. \$400 registration fee is due after Au t in May of the current school year if st	gust 1st registration.
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Dear Parent or Guardian:			
form for each student. Please enrollment process. We need a effectively for the coming year.	prayerfully consider your very accurate projection of While we are excited at	be considered for enrollment at Christ Luther r decision and commitment to attending the of student enrollment to purchase curriculum, bout offering your child a Christian education e not in a position to offer either academic or	e school when you begin the hire staff members, and plan n and will work with you and
Lutheran School indicating your	child's academic progress unicate that to Christ Luth	me schooled, please be prepared to bring or last. If your child has an IEP or there are circum theran School right away. Upon completion of the school right away.	stances that may affect his/her
Thank you for you interest in Ch	rist Lutheran School.		
Parent Signature:		Date: _	
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For office use only:			
Date of receipt of application and	d fee:	Check #:	