



application

Lafayette Lutheran School Pre-K/Kindergarten/Elementary Grades

GRADE ENTERING _____ TODAY'S DATE _____

CHILD'S FULL NAME _____ MALE FEMALE

HOME PHONE _____ MOM CELL _____ DAD CELL _____

DATE OF BIRTH (birth certificate required) _____ VERIFIED: YES NO

PLACE OF BIRTH _____ LAST SCHOOL ATTENDED _____

CHILD LIVES WITH: (CIRCLE ONE) BOTH PARENTS MOTHER FATHER GUARDIAN

MOTHER'S FULL NAME: _____ RELIGION: _____

MOTHER'S ADDRESS: _____ CITY: _____ ZIP: _____

FATHER'S FULL NAME: _____ RELIGION: _____

FATHER'S ADDRESS: _____ CITY: _____ ZIP: _____

MOTHER'S WORK TEL. _____ FATHER'S WORK TEL. _____

LEGAL GUARDIAN (if not parent) _____ WORK TEL. _____

GUARDIAN'S ADDRESS: _____ CITY: _____ ZIP: _____

NAME AND AGES OF SIBLINGS:

MEDICAL INFORMATION

CHILD'S DOCTOR: _____ DOCTOR'S PHONE: _____

DOES YOUR CHILD HAVE ANY ALLERGIES? YES NO

PLEASE LIST:

ARE THE APPLICANT'S IMMUNIZATIONS UP TO DATE? YES NO

ATTACH IMMUNIZATION RECORD FROM HEALTH CLINIC OR DOCTOR

SPECIAL CIRCUMSTANCES

DOES THE APPLICANT HAVE ANY MEDICAL, PHYSICAL, EMOTIONAL, BEHAVIORAL, OR LEARNING DIFFICULTIES? YES NO

IF YES, PLEASE EXPLAIN? _____

HAS THE APPLICANT RECEIVED DIAGNOSTIC TESTING FOR LEARNING DIFFERENCES? YES NO
**IF YES, PLEASE SUBMIT COPIES OF TEST RESULTS WITH THIS APPLICATION*

HAS THE APPLICANT EVER BEEN SUBJECT TO DISCIPLINARY ACTION, SUSPENSION OR DISMISSAL FROM HIS/HER PREVIOUS SCHOOL? YES NO

IF YES, PLEASE EXPLAIN: _____

HAS THE APPLICANT EVER BEEN RETAINED? YES NO

IF YES, WHAT GRADE? _____

PLEASE ATTACH A COPY OF THE STUDENT'S LAST REPORT CARD AND STANDARDIZED TEST SCORES

ARE YOU INTERESTED IN VOLUNTEERING AT THE SCHOOL AND JOINING THE PTO? YES NO

PLEASE SHARE WITH US ANY OTHER SPECIAL CIRCUMSTANCES THAT YOU WOULD LIKE US TO KNOW ABOUT THIS APPLICANT:

DATE APPLICATION RECEIVED _____ **FEES RECEIVED** _____