



student application

Lafayette Lutheran School Pre-K/Kindergarten/Elementary Grades

GRADE ENTERING _____ MALE
FEMALE AGE _____ RACE _____ DATE _____

CHILD'S FULL NAME _____ NICKNAME _____

CHILD'S ADDRESS _____ CITY _____ ZIP _____

HOME PHONE _____ SSN _____ DOB _____

BIRTHPLACE _____ LAST SCHOOL ATTENDED: _____

FAMILY INFORMATION

PARENTS ARE: MARRIED SEPARATED DIVORCED SINGLE CHILD LIVES WITH: MOTHER FATHER
BOTH PARENTS OTHER

FATHER'S FULL NAME _____

ADDRESS _____ CITY _____ ZIP _____

HOME PHONE _____ CELL _____ WORK _____

EMPLOYER _____ OCCUPATION _____

EMAIL ADDRESS _____ RELIGION _____

FATHER IS REMARRIED SPOUSE _____ CELL _____

MOTHER'S FULL NAME _____

ADDRESS _____ CITY _____ ZIP _____

HOME PHONE _____ CELL _____ WORK _____

EMPLOYER _____ OCCUPATION _____

EMAIL ADDRESS _____ RELIGION _____

MOTHER IS REMARRIED SPOUSE _____ CELL _____

LEGAL GUARDIAN/OTHER _____

ADDRESS _____ CITY _____ ZIP _____

HOME PHONE _____ CELL _____ WORK _____

EMAIL ADDRESS _____ RELATIONSHIP _____

EMERGENCY CONTACT _____ PHONE _____

EMERGENCY CONTACT _____ PHONE _____

SIBLINGS

SCHOOL

AGE

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

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

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

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

**PLEASE ATTACH YOUR CHILD'S BIRTH CERTIFICATE, IMMUNIZATION RECORD, LAST REPORT CARD, STANDARDIZED TEST SCORES, AND ANY PROFESSIONAL DIAGNOSTIC TESTING REPORTS.*

DATE APPLICATION RECEIVED _____ FEES RECEIVED _____