



# application

*Lafayette Lutheran School Pre-K/Kindergarten/Elementary Grades*

GRADE ENTERING \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

CHILD'S FULL NAME \_\_\_\_\_ BOY  GIRL

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: \_\_\_\_\_

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:

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

LIST ANY ADDITIONAL INFORMATION THAT WOULD HELP IN PLACING YOUR CHILD IN LAFAYETTE LUTHERAN SCHOOL:

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HAVE YOU NOTICED OR HAS THE DOCTOR REPORTED ANY OF THE FOLLOWING IN YOUR CHILD?

- ASTHMA     EPILEPSY (seizures)     HEARING PROBLEMS     ALLERGIES     HEART PROBLEMS  
 VISION PROBLEMS (squints, rubs eyes)     FREQUENT FEVERS     HEADACHES     OTHER (explain)

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CHILD'S DOCTOR: \_\_\_\_\_ DOCTOR'S PHONE: \_\_\_\_\_

**ATTACH IMMUNIZATION RECORD FROM HEALTH CLINIC OR DOCTOR**

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DATE APPLICATION RECEIVED \_\_\_\_\_ FEES RECEIVED \_\_\_\_\_