



Application for Enrollment

Date of Application : _____

Enrollment for: A.M. Kindergarten All Day Kindergarten
 1st 2nd 3rd 4th 5th 6th 7th 8th

STUDENT INFORMATION

First Name: _____ Last Name: _____ Middle: _____
 Home Address: _____ City: _____ State: _____ Zip: _____
 Resides in School District (Name and #): _____
 Date of Birth: _____ Date of Baptism: _____ Sex: M F
 School Last Attended: _____ Grade Level Completed: _____
 Student resides with (*check one*): Both Parents Shared Custody Guardian Mother Father

FAMILY INFORMATION	Parent/Guardian	Parent/Guardian
Relationship to Student		
First and Last Name		
Home Address (if different from student)		
City, State, Zip Code		
Home Phone Number		
Cell Phone Number		
Email Address		
Business/Occupation/Title		
Years Working at Current Job		
Normal Working Hours		
Business Address		
City, State, Zip Code		
Business Phone Number		
Business Email		
Marital Status		

Other children in the family:

Name: _____ Age: _____ Grade: _____ Sex: _____ School: _____
 Name: _____ Age: _____ Grade: _____ Sex: _____ School: _____
 Name: _____ Age: _____ Grade: _____ Sex: _____ School: _____
 Name: _____ Age: _____ Grade: _____ Sex: _____ School: _____

ADDITIONAL INFORMATION

Local Church Membership: _____ City: _____ Pastor: _____
 Youth Director/D.C.E.: _____ Church Phone Number: _____
 Religious Denomination: _____ Does child attend Sunday School? Yes No

FINANCIAL AGREEMENT

I certify that the information given is complete and accurate. I also agree to fulfill all financial obligations and to adhere to the policies and regulations of Hope Lutheran School.

Parent/Guardian Signature: _____ Date: _____

FOR OFFICE USE ONLY

Administrators Approval: _____ Date: _____