

Student Information

FIRST NAME	MIDDLE NAME	LAST NAME	PREFERS TO BE CALLED
GRADE ENTERING IN SEPTEMBER		DATE OF BIRTH	GENDER

Preschool applicants must be at least 3 years old, junior kindergarten applicants must be at least 4 years old, and senior kindergarten applicants must be at least 5 years old by September 1, 2020.

Parent/Guardian 1

Mr. Ms. Mrs. Dr. _____

FIRST NAME	LAST NAME	RELATIONSHIP TO CANDIDATE			
HOME STREET ADDRESS	CITY	STATE	ZIP		
HOME PHONE	CELL PHONE	HOME E-MAIL			
PLACE OF EMPLOYMENT	TITLE	POSITION	OCCUPATION		
BUSINESS STREET ADDRESS	CITY	STATE	ZIP	BUSINESS PHONE	BUSINESS E-MAIL

Parent/Guardian 2

Mr. Ms. Mrs. Dr. _____

FIRST NAME	LAST NAME	RELATIONSHIP TO CANDIDATE			
HOME STREET ADDRESS	CITY	STATE	ZIP		
HOME PHONE	CELL PHONE	HOME E-MAIL			
PLACE OF EMPLOYMENT	TITLE	POSITION	OCCUPATION		
BUSINESS STREET ADDRESS	CITY	STATE	ZIP	BUSINESS PHONE	BUSINESS E-MAIL

Please indicate address if different from candidate's address.

Siblings

NAME	GRADE	BIRTHDATE	SCHOOL
NAME	GRADE	BIRTHDATE	SCHOOL
NAME	GRADE	BIRTHDATE	SCHOOL

Other Relatives List relatives who have attended or are currently attending Grace.

NAME	RELATIONSHIP	GRADUATION YEAR
NAME	RELATIONSHIP	GRADUATION YEAR

School Information

Candidate's Current School _____ DATES OF ATTENDANCE _____ CURRENT GRADE _____
School Address _____ STREET _____ CITY _____ STATE _____ ZIP _____
School Phone _____ School Fax _____

For Early Childhood Applicants Only

In which program(s) are you interested in enrolling your child?

Preschool (children must be 3 by September 1, 2020)

____ MWF – 8:30-11:30 a.m.
____ T/TH – 8:30-11:30 a.m.
____ M-F - 8:30-11:30 a.m.
____ Add multiage afternoon program 1-5 days per week: 11:30-3:00 p.m.

Junior Kindergarten (children must be 4 by September 1, 2020)

____ M-F – 8:30-11:30 a.m.
____ Add multiage afternoon program 1-5 days per week: 11:30-3:00 p.m.

Church Information

Family's Church _____ Denomination _____

How did you hear about Grace Lutheran School?

In order to know how we can best serve your child, we would like you to share as much information about him/her as possible.

Has your child received any educational support or therapy of any kind? If yes, please explain _____

Has your child ever received an educational/psychological evaluation? If yes, please explain _____

Signature of Parent/Guardian 1 _____ Date _____
Signature of Parent/Guardian 2 _____ Date _____

Please enclose a non-refundable \$50 application fee. Check # _____