

Date _____

School Year _____

Student Information

Student's Name _____ / _____
Last Name Legal First Name M.I. Prefers to be called

Address _____
Street City State Zip

Date of Birth: ____/____/____ Gender: ☐ Male ☐ Female

Ethnic Origin (check only one): ☐ Asian/Pacific Islander ☐ Hispanic ☐ Native American
☐ Caucasian ☐ Black/African American ☐ Mutliethnic ☐ Other _____

Registration Information

Registering for: _____ Desired start date (if after 1st day of school year) _____

Preschool

☐ T/TH AM ☐ W/F AM
☐ T/TH PM

Pre-K

☐ M/W/F AM ☐ M/T/TH AM
☐ M/W/F PM ☐ Jr. Kindergarten (5-day AM)

☐ Kindergarten ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th ☐ 6th ☐ 7th ☐ 8th

Childcare (Check all that apply)

☐ Part time (list days needed) _____ ☐ Drop-in/emergency only
☐ 5 days a week when not in school ☐ I will not be using childcare

Family Information (Parents living at same address as above)

Parents' Marital Status: ☐ Married ☐ Divorced ☐ Separated ☐ Remarried ☐ Single ☐ Widow(er)

This home, student lives with: ☐ Father ☐ Mother ☐ Stepfather ☐ Stepmother ☐ Other _____

Guardian 1

Relationship: _____

☐ Active Military ☐ Currently Deployed

Home Phone _____

Cell Phone _____

Work Phone _____

Occupation _____

Employer _____

Guardian 2

Relationship: _____

☐ Active Military ☐ Currently Deployed

Home Phone _____

Cell Phone _____

Work Phone _____

Occupation _____

Employer _____

Email Address for School Communications _____ First Name _____

Second Household (Parents living at different address than above)

This home, student lives with: ☐ Father ☐ Mother ☐ Stepfather ☐ Stepmother ☐ Other _____

Guardian 1

Relationship: _____

Home Phone _____

Cell Phone _____

Work Phone _____

Guardian 2

Relationship: _____

Home Phone _____

Cell Phone _____

Work Phone _____

Second Household (continued)**Guardian 1** (continued)

Occupation _____

Employer _____

☐ Active Military ☐ Currently DeployedAddress _____
Street City State Zip

Email Address for School Communications _____ First Name _____

Guardian 2 (continued)

Occupation _____

Employer _____

☐ Active Military ☐ Currently Deployed**Additional Family Information**

If student is living with both parents, skip to the next section. If student is not living with both parents, answer the following:

Is there a restraining order in effect? ☐ Yes ☐ No *If yes, plan must be on file with the school for enforcement.*Restraining order is against ☐ Mother ☐ Father ☐ Other _____Is there a parenting plan in effect? ☐ Yes ☐ No *If yes, plan must be on file with the school for enforcement.***Sibling Information**Sibling _____ Attends FLS ☐ Yes ☐ No Grade _____Sibling _____ Attends FLS ☐ Yes ☐ No Grade _____Sibling _____ Attends FLS ☐ Yes ☐ No Grade _____**Previous School**

Previous school attended _____

Location (City/State) _____

Has the applicant ever been recommended for or been involved in an early intervention program? ☐ Yes ☐ NoHas the applicant ever been suspended or refused admission to another school? ☐ Yes ☐ NoHas the applicant ever repeated or skipped a grade in school? ☐ Yes ☐ NoHas the applicant been diagnosed with a learning disability? ☐ Yes ☐ NoHas the applicant ever had an I.E.P (Individual Education Plan)? ☐ Yes ☐ No*(If yes, please submit a copy with the application)***Church Information**

Church _____ Baptized _____ Date _____ Dedicated _____ Date _____

General Information

How did you hear about Faith Lutheran School? _____

*** Additional Documentation****Proof of date of birth required.**

As evidence of age, the school requires an original or certified copy of birth certificate. The school will make a copy of that document and return the original to you.

Statement of Non-discrimination

We admit students of any race, color, or national/ethnic origin to all rights, privileges, programs, and activities generally made available to students at school. We do not discriminate on the basis of race, color, or national/ethnic origin in administration of our policies.