



Application for Enrollment - 2010-2011 School Year

Date of Application: ____/____/____ Applying for Grade : _____

STUDENT INFORMATION

Last Name: _____ First: _____ Middle: _____
Date of Birth: ____/____/____ Place of Birth: _____ Gender: Male Female
Race: (For statistical purpose only) African-American Caucasian Hispanic Asian Other _____
Which public school district would your student ordinarily attend? _____
Last school attended: _____
Date of Baptism: ____/____/____ Church: _____ Denomination: _____
Has this student experienced any discipline/conduct problems, school suspension, grade retention, double promotion, special education services etc? Yes No
If yes, please explain _____

FAMILY INFORMATION

Student resides with (Check one):
 Both Parents Mother Father Guardian Shared Custody

	PARENT/GUARDIAN #1	PARENT/GUARDIAN #2
First and Last Name (please print)		
Home Address		
City, State, Zip Code		
Phone Number		
Email Address		
Occupation		
Employer Name		
Business		
Cellular Telephone		
Relationship to the student		

Brother(s)/Sister(s)

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

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

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

(Continued on back)

GENERAL INFORMATION

How did you come to know about Christ Lutheran School? _____

Reason for applying for enrollment at Christ Lutheran School? _____

Special Educational Needs (reading, speech, etc.) _____

Physical Handicaps or Limitations (glasses/vision, hearing, etc.) _____

Allergies, Asthma, Allergic reactions, etc. _____

Medications _____

Doctor Involved _____

Emergency Contacts (if parents cannot be reached):

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Please read the following statement and sign the application below:

For admission of my child to Christ Lutheran School, I agree to pay the tuition charges and fees as established by the administration for the year 2010-2011. I pledge to support my child's education by working cooperatively with the Christ Lutheran School staff, adhering to the school's policies and procedures.

(Check one of the following)

_____ Please bill my tuition annually

_____ Please bill my tuition monthly

Signature of parent/guardian: _____ Date: _____

Please return this form to the office of Christ Lutheran School - 7929 La Mesa Blvd., La Mesa, CA 91942. A deposit of \$75.00 must accompany this application for enrollment. This deposit is non-refundable unless the child is not accepted for enrollment.

For Office Use Only
Application received _____
Registration fee _____
Check number _____
Interview date _____
Accepted _____ Date _____