



Application for Admission

Glendale Lutheran School

"Learning in a Christ-Centered environment for over 50 years"

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

Registration Information

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

| | |
|--|---|
| <p>Preschool</p> <p><input type="checkbox"/> M-TH (9:00-11:30 AM)</p> | <p>Pre-Kindergarten</p> <p><input type="checkbox"/> M-F (9:00-12:00PM)</p> |
|--|---|

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

Before and After Care (Check all that apply)

Before Care 6:30- 8:30am Drop-in/emergency only

After Care 3:30-6:00pm Both Before & After Care I will not be using Before or After Care

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: _____

Home Phone _____

Cell Phone _____

Work Phone _____

Occupation _____

Employer _____

E-mail _____

Primary Language Spoken at home _____

Guardian 2 _____

Relationship: _____

Home Phone _____

Cell Phone _____

Work Phone _____

Occupation _____

Employer _____

E-mail _____

Primary Language Spoken at home _____

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 _____

E-mail _____

Primary Language Spoken at home _____

Guardian 2 (continued)

Occupation _____

Employer _____

E-mail _____

Primary Language Spoken at home _____

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 GLS Yes No Grade _____Sibling _____ Attends GLS Yes No Grade _____Sibling _____ Attends GLS 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 Glendale 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.