



HOPE LUTHERAN CHURCH AND SCHOOL LCMS

1041 E. Foothill Blvd., Glendora, CA 91741

626-335-5315 * Fax 626-852-0836 * www.hopeglendora.org

Paul Terhune, Pastor * Scott Ferguson, Principal * Ellen Head, Preschool Director

Admissions Application Kindergarten-8th Grade

STUDENT INFORMATION

Last: _____ First: _____ Middle: _____
 Date of Birth: _____ Age: _____ Sex: Male Female
 Place of Birth: _____ Race: _____ Native Country: _____
 Street Address: _____ City: _____ Zip Code: _____
 Home Phone: _____ Cell Phone: _____ Email: _____

EDUCATIONAL INFORMATION

Entering Grade: _____ School(s) Last Attended: _____
 School Address: _____ Phone Number: _____
 School Address: _____ Phone Number: _____
 Has this child ever repeated a grade? Yes No If "yes" please explain:
 Has this child ever been dismissed, suspended, or expelled? Yes No

FAMILY INFORMATION

Student Lives with: Both Parents Mother Father Mother/Stepfather Father/Stepmother Guardian
 Father/Stepfather/Guardian:
 Last: _____ First: _____ Middle: _____
 Street Address: _____ City: _____ Zip Code: _____
 Home Phone: _____ Cell Phone: _____ Email: _____
 Occupation: _____ Employer: _____ Work Phone: _____
 Are you an Alumnus of Hope Lutheran School? Yes No Graduation Year: _____
 Mother/Stepmother/Guardian:
 Last: _____ First: _____ Middle: _____
 Street Address: _____ City: _____ Zip Code: _____
 Home Phone: _____ Cell Phone: _____ Email: _____
 Occupation: _____ Employer: _____ Work Phone: _____
 Are you an Alumna of Hope Lutheran School? Yes No Graduation Year: _____

1/1/17

"FOR YOU, O LORD, ARE MY HOPE; MY TRUST, O LORD, FROM MY YOUTH."

Admissions Application

RELIGIOUS INFORMATION

Religion: _____ Church Currently Attending: _____

How frequently do you attend? _____ Does your child attend Sunday School? _____

Is the Student Baptized? Yes No If "yes" Baptism Date: _____

MEDICAL INFORMATION

Hope boasts a diverse population of students with varying abilities. In order to best meet your student's needs, please respond to the following questions.

Has your child ever been diagnosed with a medical issue, which may interfere with regular classroom learning? If so, Yes No what diagnosis did they receive and what services, medications, accommodations or modifications have been put in place to assist your child with the manifestations of that diagnosis?

Does your child currently have an IEP, has he/she had an IEP in the past, and/or have he/she ever been diagnosed with a learning issue which may interfere with regular classroom learning? Yes No If so, please provide a copy of the IEP and/or test results with this application. Also please advise us of any accommodations and modifications your child has received in other classrooms, so we might consider them when developing a classroom plan for your child at Hope.

If "yes", please explain: _____

Educating your child is a team process. Hope teachers work together with parents, doctors and service providers to provide an appropriate Christian education to every student enrolled at Hope. Failure to disclose medical or learning issues, which may impede learning, is unfairly stressful to your child. It is also inconsiderate to the staff who are working hard to help your child to succeed. Therefore, failure to disclose your child's atypical medical or learning issues may result in termination of enrollment.

WHY HOPE LUTHERAN SCHOOL?

Briefly explain your reasons for wanting your child(ren) to attend Hope Lutheran School: _____

We believe that choice of school is totally and completely a parental responsibility. Nevertheless, the following information is very important to us. Does your child want to attend Hope Lutheran School?

How did you learn about Hope Lutheran School? _____

After your child is attending Hope Lutheran School, may we count on your support in the following:

Attaining Spiritual Goals: Yes No Regular Church Attendance: Yes No

Support for our Parent Teacher League (PTL): Yes No Helping with daily memorization assignments: Yes No

Working in close and direct cooperation with the teacher: Yes No

Comments: _____

Date: _____ Signature of Parent/Guardian: _____

(Hope Lutheran School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities made available to students of Hope. The school does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational policies, admission policies, or other school administered programs.)

A \$50.00 non-re-fundable application fee needs to be attached to all new applications.

Thank you for choosing Hope Lutheran School!

1/1/17

"FOR YOU, O LORD, ARE MY HOPE; MY TRUST, O LORD, FROM MY YOUTH."