



# HOPE LUTHERAN CHURCH AND SCHOOL LCMS

1041 E. Foothill Blvd., Glendora, CA 91741  
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## 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: \_\_\_\_\_

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

PSALM 71:5

## 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?**  Yes  No  
If so, 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:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Regular Church Attendance:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Support for our Parent Teacher League (PTL):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Helping with daily memorization assignments:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Working in close and direct cooperation with the teacher:	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 non-re-fundable application fee needs to be attached to all new applications. Thank you for choosing Hope Lutheran School!**