

APPLICATION FOR ENROLLMENT / SCHOOL YEAR 2017-2018

NAME OF STUDENT _____ GRADE TO ENTER _____
Last First Middle

ADDRESS _____ GENDER M F
Street Address City Zip Circle One

PHONE FOR PRIMARY CONTACT: Home _____ Cell _____ Work _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

BAPTISM DATE _____ CHURCH MEMBERSHIP _____ CITY, STATE _____

CHECK ONE (For Federal & State reports) Native American Other STUDENT SOCIAL
African American Asian American SECURITY NUMBER _____
Spanish/Hispanic Caucasian

DOES STUDENT HAVE A CLEVELAND SCHOLARSHIP? Yes No DOES STUDENT HAVE AN IEP? Yes No

SCHOOLS PREVIOUSLY ATTENDED:
Name(s) City, State Grade Dates
(Include Nursery School and Kindergarten)

BROTHERS AND SISTERS Birthdate Schools Now Attending Grade

ANNUAL CLASS ROSTER

Each year we prepare a roster for of students for use within the West Park Lutheran School program. The roster will not be furnished to any persons other than parents of students enrolled in our program.

I authorize the following to be listed in the roster:

My student's name Yes _____ No _____
Parent/Guardian Name Yes _____ No _____
Phone No. Yes _____ No _____

LEGAL GUARDIAN: Name _____ Address _____

If you are the Legal Guardian for this child, **you must provide proof of custody.**

West Park Lutheran School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. The school does not discriminate on the basis of race, color, national ethnic origin in administration of educational policies, athletic or other school administered programs.

PLEASE ATTACH A COPY OF YOUR CHILD'S MOST RECENT IMMUNIZATIONS AND RETURN WITH APPLICATION FEE OF \$50.00

AMOUNT PAID: _____ DATE PAID: _____

EMERGENCY CONTACT INFORMATION

EMAIL ADDRESS:

STUDENT'S NAME:

DATE OF BIRTH: _____

PRIMARY CONTACT (PARENT/GUARDIAN)

NAME _____
RELATIONSHIP _____
OCCUPATION _____
PLACE OF EMPLOYMENT _____
WORK # _____ CELL # _____

SECONDARY CONTACT (PARENT/GUARDIAN)

NAME _____
RELATIONSHIP _____
OCCUPATION _____
PLACE OF EMPLOYMENT _____
WORK # _____ CELL# _____

ALTERNATE CONTACT, IF PARENT/GUARDIAN UNAVAILABLE

NAME _____
ADDRESS _____
HOME PHONE _____ CELL PHONE _____ WORK PHONE _____
RELATIONSHIP TO STUDENT _____

ALTERNATE CONTACT, IF PARENT/GUARDIAN UNAVAILABLE

NAME _____
ADDRESS _____
HOME PHONE _____ CELL PHONE _____ WORK PHONE _____
RELATIONSHIP TO STUDENT _____

PHYSICIAN

NAME _____
ADDRESS _____
PHONE _____

DENTIST

NAME _____
ADDRESS _____
PHONE _____

I have made myself familiar with the regulations, philosophy of education, and procedures of West Park Lutheran School and agree to support them as outlined in the Parent's Handbook. I realize that in order to sustain and promote this program, I am obligated to make my tuition payments promptly and fully. I further understand that the prime purpose of West Park Lutheran School is to assist me in the spiritual training of my child(ren) as well as the general education provided. Knowing this, I shall support the school in spiritual matters by faithfully bringing my child(ren) to God's house and by giving a Christian example to

help in their growth. I pledge my wholehearted support of West Park Lutheran School in prayer, talents and finances, according to the ability God have given to me.

Signature of Parent or Guardian

Date