

Entering Grade: (Please Circle)

PS(2): ½ days 3 5 days

PS(3): ½ days 3 5 days

PK: ½ days 3 5 days

K: Full 5 days

GR: 1 2 3 4 5 6 7 8

School Year: _____

**APPLICATION
FOR ENROLLMENT**

GRACE LUTHERAN SCHOOL
320 Bates Avenue, S.E.
Winter Haven, FL 33880-3268
(863) 293-9744

PLEASE TYPE OR PRINT

(Office Use Only)

Date Rec'd.: _____
Member? YES NO
Parental Agreement
Financial Agreement
Birth Certificate
Health Form
Immunization Form
Testing Complete
Interview
Deposit: \$ _____
Entrance Fee

Child's Name: _____
Last First Middle

Child Goes By: _____ **Soc. Sec. Number:** _____

Gender: ___ Birthdate: _____ Birth Place: _____

Address: _____ City: _____ Zip: _____

Native Country: _____ Citizenship: _____

Race: (Please check one) American Indian Asian Black Hispanic White Other

Family Name: _____ Father: _____ Mother: _____

With whom does the child live? _____

PHONE INFORMATION: Home Phone: _____ **E-MAIL ADDRESS:** _____

Father's Work Phone: _____ Cell Phone: _____ Pager: _____

Mother's Work Phone: _____ Cell Phone: _____ Pager: _____

EMPLOYMENT INFORMATION:

Father's/Guardian's Occupation: _____ Mother's/Guardian's Occupation: _____

Company Name: _____ Company Name: _____

Address: _____ Address: _____

Social Security Number: _____ Social Security Number: _____

RESPONSIBLE PARTY INFORMATION: [Please indicate the individual to contact concerning financial matters.]

Name: _____ Phone Number: _____

Address: _____ City: _____ Zip: _____

CHECK ALL THAT APPLY:

Child : Is Adopted ___ (Does Child know of adoption? YES NO)

Is Baptized ___ Attends Church ___ Attends Sunday School ___

Parents are: Married ___ Separated ___ Divorced ___ (If so, year _____)

Deceased: (Father) Date: _____ (Mother) Date: _____

OTHER CHILDREN LIVING AT HOME:

Full Name Birthdate Grade Full Name Birthdate Grade

Full Name Birthdate Grade Full Name Birthdate Grade

CHURCH INFORMATION:

Family Church Affiliation/Denomination: _____ Home Church: _____

Address: _____ City: _____ Zip: _____

Pastor's Name: _____ Phone Number: _____

Are you interested in:

_____ Learning more about the Lutheran Church?

_____ Having a child baptized?

_____ A call by a pastor?

_____ Having a child register for 7th or 8th grade confirmation class?

TRANSPORTATION:

Who is authorized to pick up your child? _____

How does your child come to school? _____ car _____ bike _____ walk _____ bus _____ cab
How does your child go home from school? _____ car _____ bike _____ walk _____ bus _____ cab

EXTENDED CARE SERVICES:

Will you be using Lion's Den Extended Care? YES NO If yes, please complete the following:
Regularly _____ Occasionally _____ 7-7:50 a.m. _____ 11:30~6:00 p.m. _____ 3-6:00 p.m. _____ 7a.m.-6 p.m. (T&Th) _____
Which days? (Please circle) M T W Th F (2/3/4 yr. olds)

EDUCATIONAL INFORMATION:

Last school attended: _____ How long? _____
Address: _____ Principal: _____
City/State/Zip: _____ Phone: _____
Reasons for leaving: _____
How did you hear about Grace? _____

BRIEFLY STATE YOUR REASONS FOR WANTING TO SEND YOUR CHILD TO GRACE LUTHERAN SCHOOL:

Has your child ever been involved in a remedial class? _____ Subjects: _____

Has your child ever been involved with a tutor? _____ Subjects: _____

Has your child ever been involved in an advanced class? _____ Subjects: _____

Has your child experienced any problems in relation to drugs, alcohol, smoking, law enforcement? _____ Yes _____ No.
If yes, circle which ones.

Has your child experienced any discipline/conduct problems in relation to school suspensions, school expulsion, grade retention, promotions, etc.? _____ Yes _____ No. If yes, circle which ones.

Does your child have any special visual, hearing, motor, or other type of physiological or psychological difficulty of which we should be aware to most effectively educate your child? _____

Does your child have any specific allergies? _____

Is your child on any special medication? Please elaborate: _____

Is there any specific difficulty your child is experiencing at school? _____

Do you have your child(ren) on another school's waiting list? _____
If yes, which one(s): Non-public school _____ Magnet school _____

We the undersigned, do hereby certify this information to be complete and factual.

Father/Guardian

Mother/Guardian