



## Application for Enrollment - 2020-2021 School Year

Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_ Applying for Grade : \_\_\_\_\_

### STUDENT INFORMATION

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_ Gender:  Male  Female

Race: (For statistical purpose only)  African-American  Caucasian  Hispanic  Asian  Other \_\_\_\_\_

Which public school district would your student ordinarily attend? \_\_\_\_\_

Last school attended: \_\_\_\_\_

Date of Baptism: \_\_\_\_/\_\_\_\_/\_\_\_\_ Church: \_\_\_\_\_ Denomination: \_\_\_\_\_

Has this student experienced any discipline/conduct problems, school suspension, grade retention, double promotion, special education services etc?  Yes  No

If yes, please explain \_\_\_\_\_

### FAMILY INFORMATION

Student resides with (Check one):  
 Both Parents  Mother  Father  Guardian  Shared Custody

	PARENT/GUARDIAN #1	PARENT/GUARDIAN #2
First and Last Name (please print)		
Home Address		
City, State, Zip Code		
Phone Number		
Email Address		
Occupation		
Employer Name		
Business		
Cellular Telephone		
Relationship to the student		

Brother(s)/Sister(s)

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

(Continued on back)

**GENERAL INFORMATION**

How did you come to know about Christ Lutheran School? \_\_\_\_\_

Special Educational Needs (reading, speech, etc.) \_\_\_\_\_

Physical Handicaps or Limitations (glasses/vision, hearing, etc.) \_\_\_\_\_

Allergies, Asthma, Allergic reactions, etc. \_\_\_\_\_

Medications \_\_\_\_\_

Doctor Involved \_\_\_\_\_

Emergency Contacts (if parents cannot be reached):

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Please read the following statement and sign the application below:**

For admission of my child to Christ Lutheran School, I agree to pay the tuition charges and fees as established by the administration for the year 2020-2021. I pledge to support my child's education by working cooperatively with the Christ Lutheran School staff, adhering to the school's policies and procedures.

I/We acknowledge that Christ Lutheran School uses photographs of our Child/Children for publicity purposes associated with the school program, videos, facebook, and website.

(Check one of the following)

\_\_\_\_\_ Please bill my tuition annually

\_\_\_\_\_ Please bill my tuition monthly

**Withdrawal**

In the event that my student(s) needs to withdrawal from CLS, I understand that I will need to provide an 8-week written notice to the principal. If I'm unable to provide an 8-week notice I also understand that I will be responsible for 2 months tuition. This is due in part to support CLS who has accommodated my student with staffing, curriculum materials and classroom space.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form to the office of Christ Lutheran School - 7921 La Mesa Blvd., La Mesa, CA 91942.

A non-refundable deposit of \$75.00 must accompany this application for enrollment.

For Office Use Only
Application received _____
Registration fee _____
Check number _____