

Requested Entrance Date _____

Grade Entering _____

**St. John's Lutheran School
663 Manor Road
Staten Island, New York 10314**

APPLICATION FOR ADMISSION AND PERSONAL HISTORY RECORD

General Admission Information for Kindergarten – 8th Grade

Parent's E-mail (optional) _____ Emergency Phone/Cell _____

Student's Full Name _____
(Last) (First) (Middle) (Gender)

Parent's Name (if different) _____

Address _____
(Street) (City) (Zip Code)

Home Phone _____ Birthdate _____ Age _____
(Years) (Months)

Place of Birth _____ Is the Child Baptized? _____ Date _____
(City) (State) Church _____

Does the child attend Church and/or Sunday School? _____ How often? _____

Which Church/Parish? _____

Information Concerning the Family

Father's Name _____ Mother's Maiden Name _____

Address: _____ Address (if different) _____

Employer _____ Employer _____

Employer's Address _____ Employer's Address _____

Father's Church _____ Mother's Church _____

Pastor's Name _____ Pastor's Name _____

Other Children in the Family

Name: _____ Date of Birth _____ Age _____

Name: _____ Date of Birth _____ Age _____

Name: _____ Date of Birth _____ Age _____

FOR OFFICE USE ONLY:

Copy of latest Academic Test Scores _____ Registration Fee Paid _____ Date _____

Last Report Card Included _____

Health/Immunization Records Included _____

Are you the legal guardian of this child?_____ If not, please give the name of the legal guardian_____. If a separation or divorce exists, please attach copies of papers stating who has legal custody of child/children, and explain._____

Custody/visiting arrangements: _____

If other type of guardianship exists, attach legal guardian papers to verify.
Explanation:_____

Academic Background

School(s) Attended (Name & Address)

Pre-School _____

Kindergarten _____

Grade 1 _____

Grade 2 _____

Grade 3 _____

Grade 4 _____

Grade 5 _____

Grade 6 _____

Grade 7 _____

Has your child ever been retained? _____ If yes, give grade and some detail. _____

Have you submitted a copy of the latest Achievement Test Scores? _____

Does your child have a current IEP?_____ Or has your child ever been enrolled in a “Special Program”, such as a gifted program, resource room, advanced/remedial studies, etc...? _____ . If so, please give us information as to type of program, dates involved, and the organization sponsoring the program. _____

Has your child ever been suspended or expelled from school?_____ If so, please give some detail.

Does your child have difficulties with walking, speech, hearing, ADD, etc...? _____

How did you come to hear about our school? School Parent _____;
Advertisement _____; Yellow Pages _____; Other (Please Specify?) _____

Reason for desiring enrollment in St. John's Lutheran School: _____

Acceptance is based on results of testing, previous academic and behavioral review. I understand that final acceptance is conditional upon satisfactory completion of a one semester probationary period.

Parent's Signature

St. John's Lutheran School is a Christian Day School and the children's spiritual growth is of great concern to us. We want to help the children develop a strong trust in God and to make Him a part of their daily lives. We will emphasize regular Church attendance.

If you are not a regular church member and would like to know more about the teachings of the Lutheran Church, please check "yes." Yes _____ No _____

"The given information is correct to the best of our knowledge, and if our application is accepted, we will be responsible for the legal transfer of our child." Please verify with one or more of the signatures below.

Signature of Mother

Signature of Father

Signature of Legal Guardian

Date

*Office Use Only

Application:

Accepted _____

Rejected _____