

Grace Chapel Lutheran School

10015 Lance Drive
St. Louis, MO 63137

APPLICATION FOR ADMISSION

APPLICANT INFORMATION Grade applying for _____ Beginning _____

Student's Name: _____
First Middle Last

Address City State Zip

Birthdate Place of Birth Gender

Current School Date of enrollment

School Phone _____ Administrator _____

Other school previously attended Dates Attended

Other school previously attended Dates Attended

FAMILY INFORMATION

Student lives with _____ Both Parents _____ Mother _____ Father _____ Other: _____

Guardian #1: _____
First Last Relationship to student

Occupation Home/Cell Phone Work Phone Email

Include phone # in school directory? YES or NO Include address in school directory? YES or NO

Guardian #2: _____
First Last Relationship to student

Complete address if different from with whom child resides.

Address City State Zip

Occupation Home/Cell Phone Work Phone Email

Include phone # in school directory? YES or NO

Include address in school directory? YES or NO

Remarried:parent/guardian _____ spouse _____

parent/guardian _____ spouse _____

Other children with whom the student resides:

Name	Age	Current School	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Church you attend: _____

Pastor's Name _____ Denomination: _____

Is your child baptized? Yes / No If Yes, Baptism date: _____ Interested in Baptism? Yes / No

Is a language other than English spoken in your home? Yes _____ No _____

If yes, what language? _____ Is your child bilingual? _____

School District & School your child would attend if attending public school:

District

School

Please provide a few words or phrases you feel describe your child.

Please comment on your child's school experience.

What do you want your child to gain at Grace Chapel Lutheran School?

If there are circumstances that have affected or might affect your child's school performance, please explain below. For example: skipping or repeating a grade, specific learning style, frequent changes of school, loss of a significant person through death or divorce, serious illness in the family, reconfiguration of the family unit, etc.

Please list any allergies your child may have: _____

Does your child have or did your child have an Individualized Education Plan (IEP)? _____

If yes, date of last review: _____

Did a current Grace Chapel school family refer you to our school? _____

If yes, please name: _____

I affirm that all information on this application is true and accurate. I/We request that the above named child be enrolled at Grace Chapel Lutheran School.

Signature of Parent/Guardian

Date

PLEASE NOTE: In order to request admission, the following must be submitted, along with this application:

- \$100 Enrollment Fee (non-refundable unless the student is not accepted, then \$25 will be retained by the school as the application fee)
- Permission to Release Records (signed)
- Tuition Assistance Agreement (If applying for tuition assistance)
- Tuition Agreement (signed)
- Parental Agreement (signed)
- Birth Certificate (copy)

Office Use Only

Date received: _____

Registration Fee: _____ cash/check/card

Tuition Agreement: _____

Parental Agreement: _____

Birth Certificate: _____ Medical: _____

