



# Grace Chapel Lutheran School

10015 Lance Drive  
St. Louis, MO 63137

## APPLICATION FOR ADMISSION

**APPLICANT INFORMATION** Grade applying for \_\_\_\_\_ Beginning \_\_\_\_\_

Student's Name: \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birthdate \_\_\_\_\_ Place of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Baptism Date \_\_\_\_\_

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

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

District \_\_\_\_\_ School \_\_\_\_\_

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 a language other than English spoken in your home? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what language? \_\_\_\_\_ Is the applicant bilingual? \_\_\_\_\_

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?

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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.

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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.

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Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

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

- Registration 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 (if transferring from another school)
- Tuition Agreement (signed)
- Parental Agreement (signed)
- Birth Certificate (copy)

<b>Office Use Only</b>
Date received: _____
Registration Fee: _____
Tuition Agreement: _____
Parental Agreement: _____

