

Zion Lutheran Day School Enrollment Application Form

Please fill out a separate application form for each child who is applying for enrollment.
Application must be accompanied by a \$100 per family application fee

STUDENT INFORMATION

Last Name _____ First _____ M.I. _____
Gender _____ Birthdate _____ Birthplace _____
Grade Level Applying For _____ School Year Applying For: 20____ - 20____
Baptized YES NO When? _____ Where? _____
Brothers/sisters and ages _____
Student Lives with: _____ Both Parents _____ Mother _____ Father _____ Other(Relation)

PARENT/GUARDIAN

PARENT/GUARDIAN

Name(s) _____ Name _____
Relationship to Child _____ Relationship to Child _____
Home Address _____ Home Address _____
City/State _____ Zip _____ City/State _____ Zip _____
Home Phone _____ Home Phone _____
Mobile Phone _____ Mobile Phone _____
E-mail Address _____ E-mail Address _____
Occupation _____ Occupation _____
Work Phone _____ Work Phone _____
Home Church (if any) _____ Home Church (if any) _____
Attend home church regularly? YES NO Attend home church regularly? YES NO
Interested in change in church membership? _____ Interested in change in church membership? _____
Other persons living in the household (please list names, ages, and relationship to child): _____

EDUCATION HISTORY

Schools recently attended (beginning with most recent) and grade levels attended:

School _____ Grade levels attended _____
Address _____ City/State _____ Zip _____
Telephone _____ Teacher _____
School _____ Grade levels attended _____
Address _____ City/State _____ Zip _____
Telephone _____ Teacher _____
School _____ Grade levels attended _____
Address _____ City/State _____ Zip _____
Telephone _____ Teacher _____

Most recent grades in the following subjects (if applicable):

Math _____ Reading _____ English _____ Spelling _____ Social Studies _____ Science _____

List and explain any challenges or disabilities (learning, behavioral, or physical) that either directly or indirectly affect the performance of your child in a classroom setting:

Does your child see any specialists (e.g., speech, psychotherapist, tutor, etc.)?

Has your child had any major illness/surgery of which the school should be informed?

Reasons for leaving current school (If applicable):

Describe your child's interests, after school activities:

Why do you think Zion Lutheran School can benefit your child and your family?

How would you expect to be involved in the Zion Lutheran School community (i.e. parent group, classroom help, etc.)?

Please make any comments which would help us in becoming better acquainted with your child.

Where did you hear about our school? _____

Zion Lutheran School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to the students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its admissions policies or other school administered programs.

By signing this application below, I am stating that the information provided above is accurate to the best of my knowledge. I understand that, should I provide false, incomplete or misleading information, Zion Lutheran School reserves the right to reject my application.

Signature of Applicant _____ Date _____

2.16.2007

Please return to:
Zion Lutheran School
630 Cuthbert Rd.
Toledo, OH 43607