



## Enrollment Application

### STUDENT INFORMATION

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  Male  Female  
 Place of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Native Country: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### EDUCATIONAL INFORMATION

Entering Grade: \_\_\_\_\_ School(s) Last Attended: \_\_\_\_\_  
 School Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 School Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Has this child ever repeated a grade?  Yes  No If "yes" please explain: \_\_\_\_\_  
 Has this child ever been dismissed, suspended, or expelled?  Yes  No \_\_\_\_\_  
 Does this student have any medical limitations or handicaps?  Yes  No \_\_\_\_\_

### FAMILY INFORMATION

Student Lives with:  Both Parents  Mother  Father  Mother/Stepfather  Father/Stepmother  Guardian  
 Father/Stepfather/Guardian:  
 Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Are you an Alumnus of Hope Lutheran School?  Yes  No Graduation Year: \_\_\_\_\_  
 Mother/Stepmother/Guardian:  
 Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Are you an Alumna of Hope Lutheran School?  Yes  No Graduation Year: \_\_\_\_\_

"FOR YOU, O LORD, ARE MY HOPE; MY TRUST, O LORD, FROM MY YOUTH."

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Siblings:

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

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

## RELIGIOUS INFORMATION

Religion: \_\_\_\_\_ Church Currently Attending: \_\_\_\_\_

How frequently do you attend? \_\_\_\_\_ Does your child attend Sunday School? \_\_\_\_\_

Is the Student Baptized?  Yes  No If "yes" Baptism Date: \_\_\_\_\_

## WHY HOPE LUTHERAN SCHOOL?

Briefly explain your reasons for wanting your child(ren) to attend Hope Lutheran School: \_\_\_\_\_

We believe that choice of school is totally and completely a parental responsibility. Nevertheless, the following information is very important to us. Does your child want to attend Hope Lutheran School?

How did you learn about Hope Lutheran School? \_\_\_\_\_

After your child is attending Hope Lutheran School, may we count on your support in the following:

Attaining Spiritual Goals:  Yes  No Regular Church Attendance:  Yes  No

Support for our Parent Teacher League (PTL):  Yes  No Helping with daily memorization assignments:  Yes  No

Working in close and direct cooperation with the teacher:  Yes  No

Comments: \_\_\_\_\_

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

(Hope Lutheran School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities made available to students of Hope. The school does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational policies, admission policies, or other school administered programs.)

**A \$20.00 non-re-fundable application fee needs to be attached to all new applications.**

**Thank you for choosing Hope Lutheran School!**

### Office Use Only:

Application Fee Received  Date Received: \_\_\_\_\_  Completion date of App: \_\_\_\_\_  Immunization Record  Report Cards Received

Monthly Tuition \$ \_\_\_\_\_  Start Date: \_\_\_\_\_  Kindergarten Home Visit Requested  Principal Review  Family Contacted

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