

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 _____ Emergency Phone/Cell _____

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

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 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, please 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? _____

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

How did you come to hear about our school? School Parent ____; Advertisement ____;

Website ____; 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

The following information is needed for certain City and State Reports: *Children may not be refused admission because of religion, race, color, nationality, or ethnic origin.*

1. Is the student Hispanic? _____ Yes _____ No

2. Please select one race from the following racial groups:

_____ **American Indian or Alaskan Native** _____ **Asian** _____ **White**
_____ **Native Hawaiian or Other Pacific Islander** _____ **Black**

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 _____