

# Enrollment Application & Information Form

## Central Lutheran School

775 N. Lexington Parkway, St. Paul, MN 55104 ♦ Phone: (651) 645-8649

---

### ***Please print.***

Date of Application: \_\_\_\_\_

Student's Legal Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  Male  Female

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

Telephone: \_\_\_\_\_ Current Grade (as of this school year): \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Birth City: \_\_\_\_\_ Race: \_\_\_\_\_

Child's Church Membership: \_\_\_\_\_

---

### **Parent Information**

Father: \_\_\_\_\_ Living?  Yes  No US Citizen?  Yes  No If no, where? \_\_\_\_\_

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

Soc. Sec. #: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Church Membership: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother: \_\_\_\_\_ Living?  Yes  No US Citizen?  Yes  No If no, where? \_\_\_\_\_

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

Soc. Sec. #: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Church Membership: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

---

### **Emergency Contact Information**

In case of an emergency, if I/we are unavailable, please contact the following people:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

---

### **Previous School Information**

Last School Attended: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Public school you would normally attend: \_\_\_\_\_

School district in which you reside: \_\_\_\_\_

♦ *Application continues on page 2* ♦

**Child Information**

Is child adopted?  Yes  No

If child is adopted, is child aware of adoption?  Yes  No

Is child baptized?  Yes  No

If yes, Date of Baptism: \_\_\_\_\_

Church where baptism took place: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Please list significant allergies about which the school should be aware:

Foods: \_\_\_\_\_

Medications: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Doctor's phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Name of friend to whom the child may be released: \_\_\_\_\_

Please list appropriate custody information and attach copies of documents, as needed.

\_\_\_\_\_  
\_\_\_\_\_



**Sibling Information**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex:  Male  Female Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex:  Male  Female Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex:  Male  Female Grade: \_\_\_\_\_



**Application Agreement**

This form needs to be filled out at time of application for admission to Central Lutheran School. All available records from previous schools should be provided upon request. Decisions regarding acceptance will be made as expeditiously as possible, and a letter of acceptance or non-acceptance will be sent to the applicant family.

Central Lutheran School admits students of any race, color, or national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, or national or ethnic origin in administration of its educational policies, admissions policies, financial aid programs, and athletic and other school-administered programs. When classes approach enrollment limits, students from supporting congregations will be accepted first.

I understand that by my signature on this application, and by the acceptance of Central Lutheran School, I accept all financial obligations and expectations of participation in the relevant activities and programs of the school.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_