



Hope Lutheran School

■ Application for Admission

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|--------------------------|---|
| Student's Name | Gender <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE |
| Date of Birth | Place of Birth |
| Present School | Grades Completed |
| Applying for School year | Applying for Grade Level |

Parent Information

| | | |
|--|----------------------------------|-------------------------|
| Father's Name | Mother's Name | Residence Telephone |
| Residence Address | City, State, Zip | |
| Father's Occupation | Employed by | Business Telephone Ext. |
| Business Address | City, State, Zip | |
| Mother's Occupation | Employed by | Business Telephone Ext. |
| Business Address | City, State, Zip | |
| If parents are divorced or separated, to whom should admission correspondence be sent? | With whom does the child reside? | |
| If you wish correspondence to be sent to an address other than the above, please indicate here ⇒ | Street Address | City, State, Zip |

Church Information

| | | |
|--|-----------------|--|
| Are you a member of a Christian Church? <input type="checkbox"/> YES <input type="checkbox"/> NO | Name of church: | Is your child baptized? <input type="checkbox"/> YES <input type="checkbox"/> NO |
|--|-----------------|--|

Academic Information

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|--|--|
| Has your child ever had problems with regard to: (check any that apply and explain) <input type="checkbox"/> Social Adjustment <input type="checkbox"/> Discipline <input type="checkbox"/> A particular academic subject | |
| Comments: _____ _____ _____ | |
| Has your child ever been promoted more than one grade in a year? <input type="checkbox"/> YES <input type="checkbox"/> NO | Has your child ever been retained in a grade? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Everything stated in this application is true and accurate. | |
| Father's Signature (or Legal Guardian) | Date |
| Mother's Signature (or Legal Guardian) | Date |