

ACADEMIC INFORMATION: *(Disregard if child has no previous school experience)*

Name of School from which you intend to transfer: _____ School District your child lives in: _____

Address: _____ Phone: _____

Grade last completed: _____ (if mid-year, grade currently enrolled in)

Estimate quality of work your child has done in school during past year: **Excellent** **Good** **Average** **Poor** **Other**

Estimate the kind of effort your child has put into schoolwork during past year: **Excellent** **Good** **Average** **Poor** **Other**

Describe the level of cooperation your child has given the teacher(s) during past year: **Excellent** **Good** **Average** **Poor** **Other**

Please share any special school successes or difficulties the student has incurred:

EMERGENCY INFORMATION: *(person, other than parent(s) to be notified in case of emergency)*

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

HEALTH INFORMATION:

Name of Family Physician: _____ Phone: _____ Date of last exam: _____

Please describe how this child feels about himself/herself as a person: _____

Has your child ever been tested for special needs? _____ Is your child handicapped in any way? _____

Explain: _____

OTHER INFORMATION:

How did you hear about us? _____

What are your reasons for enrolling your child in this school? _____

I herewith request enrollment for my child. I understand the unique Christian nature of Concordia Lutheran School and assure the faculty and staff of my support. I am willing to have my child take a series of placement tests (if deemed necessary by the school) prior to final enrollment. I understand that if I change my mind and enroll my child elsewhere, the REGISTRATION FEE I paid will be refundable only if I MOVE MORE THAN 30 MILES from Concordia.

I SUBMIT this application and AGREE to ABIDE by the POLICIES as stated in the Parent Handbook.

Parent Signature: _____ Date: _____

Office Use Only: Date Application Received: _____	References Received: 1 2	Testing Completed: _____
Review by Admission Committee: _____	Parental Notification of Decision: _____	
Reg. Fee Received: _____	Date of Enrollment: _____	