

CONCORDIA LUTHERAN SCHOOL
13633 183RD ST., CERRITOS, CA 90703

PRE-K AND PRESCHOOL ENROLLMENT APPLICATION 2008-09

STUDENT: _____
(LAST NAME) (FIRST) (MIDDLE) (GRADE) (DATE OF BIRTH)

MALE ___ FEMALE ___ PLACE OF BIRTH: _____ ETHNICITY: _____

ADDRESS: _____
(STREET) (CITY) (ZIP CODE)

I am interested in:

- 5 Full Days
 5 Mornings
 Other _____

HOME PHONE: (_____) _____ PARENT/GUARDIAN E-MAIL ADDRESS: _____

LIVING WITH ___ BOTH PARENTS ___ MOTHER ___ FATHER ___ OTHER (please explain) _____

FATHER: _____ EMPLOYER: _____
(LAST NAME) (FIRST) (MIDDLE)

OCCUPATION: _____ WORK PHONE: (_____) _____ CELL PHONE: (_____) _____

MOTHER: _____ EMPLOYER: _____
(LAST NAME) (FIRST) (MIDDLE)

OCCUPATION: _____ WORK PHONE: (_____) _____ CELL PHONE: (_____) _____

MARITAL STATUS: ___ MARRIED ___ SEPARATED ___ DIVORCED ___ OTHER _____

SIBLINGS: _____
(NAME) (AGE) (NAME) (AGE)

(NAME) (AGE) (NAME) (AGE)

HOME CHURCH: _____ HAS STUDENT BEEN BAPTIZED? ___ YES ___ NO (DATE)

DOES STUDENT ATTEND CHURCH? ___ YES ___ NO DOES STUDENT ATTEND SUNDAY SCHOOL? ___ YES ___ NO

• Please list any special needs (hearing, vision, other) that may affect your child's learning.

• Please list any special health concerns (asthma, allergies, physical limitations).

• If your child is currently under a physician's care, please explain.

• Please list any other information about your child you would like us to know.

How did you hear about Concordia Lutheran School? _____

Why do you desire to enroll your child in Concordia Lutheran School? _____

The foregoing information is, to the best of my knowledge, true and correct. I hereby make application to enroll my child at Concordia Lutheran School. I understand that the registration fee is non-refundable.

SIGNATURE OF PARENT OR GUARDIAN _____

DATE _____

Office Use Only

Reg. pd. _____

Enr. comp. _____

Start date _____