



Concordia Lutheran
church & school

CONCORDIA LUTHERAN SCHOOL
APPLICATION FOR ADMISSION

2010-2011 SCHOOL YEAR

Please complete both sides of the application form.

Student Information

NAME: Legal Last _____ First _____

Middle _____ Usual last name: _____

Date of Birth: _____ Birthplace: _____ Gender: _____

Address: _____ Home telephone: _____

Town: _____ Email Address: _____

Postal Code: _____

Previous School Attended: _____ Last Grade Completed: _____

(Include address) _____

Church Affiliation: _____

Parent/Guardian Information

FATHER: Citizenship: _____

Last Name _____

First Name _____

Address: _____

Telephone: _____

Home: _____

Work: _____

MOTHER: Citizenship: _____

Last Name _____

First Name _____

Address: _____

Telephone: _____

Home: _____

Work: _____

Citizenship: _____

Child resides with both parents: yes/no (please circle one)

(If no, provide details including any custody

MEDICAL INFORMATION

Family Doctor: _____

Telephone: _____

Family Dentist: _____

Telephone: _____

Care Card#: _____

Please list all relevant health information. (allergies/medications/physical limitation, etc.)

Emergency contacts: (**Somebody other than parents or guardians**)

Name: _____

Relationship: _____

Telephone: Home: _____

Work: _____

Name: _____

Relationship: _____

Telephone: Home: _____

Work: _____

In the event of our/my child experiencing a medical emergency, we consent to the transportation of our/my child to the hospital by private vehicle, or Ambulance.

PARENT/GUARDIAN: _____

Please Print

Signature of Parent

Signature of Parent

Date: _____

SPECIAL CONCERNS

Please list any special concerns you or your child have which may influence their attendance or participation in normal school activities.

Date: _____ Parent (s) Signature: _____

PLEASE SUBMIT A COPY OF YOUR CHILD'S BIRTH CERTIFICATE AND CARE CARD