



# GRACE LUTHERAN SCHOOL

## Pre2 – 8<sup>th</sup> Grade St. Petersburg, Florida 2017-2018 Application for Enrollment

Thank you in advance for your interest in Grace Lutheran School. Please carefully and thoroughly fill out all information on both sides of this form, check off the required items from the application checklist, and include the registration fee. We are thankful for the opportunity to serve your family.

### Student information

Student's Legal Name \_\_\_\_\_ Entering Grade \_\_\_\_\_

Student's Social Security Number \_\_\_\_\_ Nickname \_\_\_\_\_

Legal guardian(s) \_\_\_\_\_ Birth Date \_\_\_\_\_

### Parent Information

Does student live with both parents? Yes or No (Circle one)

(Mothers) Name \_\_\_\_\_

Address \_\_\_\_\_ E-mail \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

(Fathers) Name \_\_\_\_\_

Address \_\_\_\_\_ E-mail \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

### Previous School

School's Name \_\_\_\_\_ City, State \_\_\_\_\_

School's Name \_\_\_\_\_ City, State \_\_\_\_\_

### Church information

Church home \_\_\_\_\_ Pastor's name \_\_\_\_\_

Has student been baptized? Yes or No (Circle one) If yes: Where? \_\_\_\_\_ When? \_\_\_\_\_

### Other important information

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***Health information***

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List medication(s) taken regularly. Please note, proper physician permission forms must be on file if medication is to be administered during the school day. \_\_\_\_\_

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List previous hospitalizations or surgery: \_\_\_\_\_

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Please answer the following:

Circle one:

- |    |                                                                                                         |           |
|----|---------------------------------------------------------------------------------------------------------|-----------|
| 1. | Serious allergies (medication, food, insect bites)<br>If yes, please describe: _____                    | Yes or No |
| 2. | Seizures                                                                                                | Yes or No |
| 3. | Headaches or migraines                                                                                  | Yes or No |
| 4. | Asthma or difficulty breathing with exercise                                                            | Yes or No |
| 5. | Speech difficulty/therapy                                                                               | Yes or No |
| 6. | Does the student have emotional or behavioral problems?                                                 | Yes or No |
| 7. | Does the student have any other condition, disability, or challenges?<br>If yes, please describe: _____ | Yes or No |
| 8. | Please list any other health issues we should be aware of: _____                                        |           |
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***Application checklist***

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- Application for Enrollment (front and back)
- Copy of student's Birth Certificate
- Yellow Card: School Records Information and Authorization to Release Card (Front and back)

***Upon acceptance a non-refundable Registration Fee of \$425 is due.***

**All state required forms will be sent home during the summer**

***Parent signature – Declaration of intent***

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The signature below represents a commitment to enroll, the student listed above, in Grace Lutheran School. To the best of my knowledge, the information given on this form and accompanying attachments is true and accurate.

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

***Where academic excellence meets spiritual significance.***  
**OUR MISSION, PASSION, AND PURPOSE**