

GRACE EV. LUTHERAN SCHOOL

3233 Annandale Road
Falls Church, VA 22042
(703) 534-5517

APPLICATION FOR ENROLLMENT

2010-2011 School Year

Student's Name: _____ Birth Date: ____/____/____

Entering Grade: ___K ___1 ___2 ___3 ___4 ___5 ___6 ___7 ___8

Previous School(s) Attended:

Name of School: _____ Grades Completed: _____

Parents' Name (or Guardian's Name):

Father: _____ Mother _____ Guardian _____

Home Address (include zip code): _____

Home Phone Number: _____ Fax Number: _____ E-mail Address: _____
(____) _____ (____) _____

Car/Cell Phone Number: (____) _____

Church Affiliation of Parents/Guardian: ___ Member of Grace ___ Other (Specify) _____

Baptized: ___ Yes ___ No

Employer: Father: _____ Mother: _____ Guardian: _____

Address: _____

Type of Work: _____

Phone Number: _____

Pager: _____

Family Doctor or Pediatrician: _____ Phone Number: _____

Health Plan: _____ Child's I.D. Number: _____

Whom shall we notify if we are unable to reach the mother, father, guardian, or physician? (Give name, address, phone number, & relationship to the child).

Phone Number: _____ Relationship to the child: _____

List any handicaps or allergies: _____

Signature of Parent or Guardian: _____ Date: ____/____/____

A Registration/Book Fee of \$120.00 per child must accompany this application. This fee is non-refundable. Attach a copy of your child's health records. All tests and results (psychological, physical, or remedial) must be conveyed up front.

ADDITIONAL INFORMATION

Other children in your family and their birth dates:

What special needs, if any, does your child have? If any, please explain.

Has your child experienced any difficulty with school in the past? Yes No

If yes, please explain.

Who recommended you to our school? _____

State briefly why you wish to enroll your child in Grace Lutheran School. _____

Do you intend to have your child continue through Grace Lutheran School? Yes No

EMERGENCY TRANSPORTATION

Yes No If unable to contact a parent, I authorize the school to transport the injured child by car or ambulance to Fairfax Hospital. If the injury should occur during school activities outside this school district, the faculty instructor has permission to take the injured student to the nearest medical facility.

Signature of Parent or Guardian: _____ Date: ____/____/____

Some students have physical exams, immunizations, eye examinations and dental work completed during the summer. Please list these so health records can be kept up to date.
