Grace Lutheran Elementary School

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

APPLICATION FOR ENROLLMENT
SCHOOL YEAR 2010-2011

Student's Name	Birth Date

Entering Grade
K 1 2 3 4 5 6 7 8

Previous School(s) Attended	Address of School(s) Attended City_____ State _____ Zip Code_____ Grade Completed

Baptized _____Yes _____No	Church Affiliation of Parent/Guardian _____Member of Grace _____Other (specify)_____ Denomination

Parents' Name (or Guardian's Name)
Father Mother Guardian

Home Address
Street

City State Zip Code

Home Phone Number	Work Phone Number	E-Mail Address

If you are not a member of Grace Lutheran Church, would you like to attend an adult information class offered by the Church? _____Yes _____No

Aftercare Service

Will the student participate in aftercare? _____Yes _____No

If Yes, which days will you need aftercare? (Check all that apply) _____Entire week (M-F)
_____Monday _____Tuesday _____Wednesday _____Thursday _____Friday _____

Which hours of aftercare do you need?
_____12:00 Noon to 3:00 PM _____3:30 PM to 4:00 PM
_____3:00 PM to 5:00 PM _____3:30 PM to 6:00 PM

Signature of Parent or Guardian	Date