

## **K-8 Application for Enrollment**

2018-2019

"Where the love of Christ and education come together"

	Elifoling for grade.							11	ircie onej	
	K (full da	ay) 1	L 2	3	4	5	6	7	8	
			Ple	ase fill out	the front	and back c	ompletely			
Stude	ent's full name:							N	∕lale:	_ Female:
Birth	day:			_ City a	nd state	of Birth:				
Is you	ır child on medica	tion? Ye	es:	No:		Name c	f medica	ation:		
Reas	on for medication	·								
	e list any allergies									
	here any speech, I									
What	are those concer	ns?								
	here any physical									
activi	ties? Yes:	No:	Plea	se explai	n:					
Has y	our child ever rec	eived hel <sub>l</sub>	p for Spe	cial Servi	ces (spe	ech/lang	uage the	rapy, p	hysical th	erapy,
occu	oational therapy, o	or other s	ervices)?	Yes:_		No:				
If so,	do they have an II	EP or a 50	)4 plan or	n file?	Yes:		No:	_		
If yes	, explain the servi	ces they r	eceive:							
	ch Name:									
Signa	ture of Parent or	Guardian:	:							
	ed name :									
										nal and othnic
	ce Lutheran Schoo									
For Of	fice Use:	Date								Initials:
			GD		FD	F	nance	V	R	

Phone: 586-731-4120