



**Mount Calvary Lutheran School & Bright Beginnings Preschool
APPLICATION FOR ADMISSION**

Student Information		
Student's Name		Male <input type="checkbox"/> Female
Date of Birth	Place of Birth	
Present School	Grades Completed	
Applying for School Year	Applying for Grade Level	
Parent Information		
Father's Name	Mother's Name	Telephone
Address		City, State, Zip
Father's Occupation	Employed by	Telephone
Mother's Occupation	Employed by	Telephone
If Parents are divorced or separated, to whom should admissions correspondence be sent to? <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Both		With whom does the child reside? <input type="checkbox"/> Father <input type="checkbox"/> Mother
If you wish correspondence to be sent to another address, please indicate here: <input type="checkbox"/> Yes	Address, City, State, Zip	
Church Information		
Name of Church currently attending _____		Is your child Baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you active member of your church? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does your child regularly attend church? <input type="checkbox"/> Yes <input type="checkbox"/> No
Would you like a home visit from our Pastor? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does your child regularly attend Sunday School? <input type="checkbox"/> Yes <input type="checkbox"/> No
Academic Information		
Has your child ever had problems in school with regards to (check all the apply) : Comments:		Social Adjustment <input type="checkbox"/> Discipline <input type="checkbox"/> Academic Subject <input type="checkbox"/>
Do you agree to supervise your child's homework and see that assignments are completed on a regular basis? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has your child been in difficulty with civil or juvenile authorities? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:		
Has your child ever been promoted more than one grade in a year? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has your child ever been retained in a grade? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What areas of education are your greatest concerns for your child:		

(Continue on back of page)

Reasons for enrollment	
Why do you wish to enroll your child in Mount Calvary Lutheran School?	
Preschool and Kindergarten Information	
Please check which preschool or kindergarten session you wish to enroll your child:	
3 year old AM (at Bethel) _____ 4 year old AM (at Bethel) _____ Kindergarten (at MCL) _____	
Parent Signatures	
Father's signature	Date
Mother's signature	Date
Email Address:	
School Staff Information (Office use only)	
Principal's comments	
For office use:	Date received: _____ Visited School _____ Files requested _____ Health records _____ Info Class Completed _____ Category 1 2 3 4

Mission Statement

Mount Calvary Lutheran School exists to assist parents in our congregations and communities in their God-given responsibility to bring their children up in "the training and instruction of the Lord."

A shared Ministry of Bethel, Mount Calvary, and St Luke Lutheran Church

Revised: 1/14/08