

GRACE LUTHERAN CHRISTIAN SCHOOL

856 West Newgrove Street Lancaster, CA 93534 (661) 948-1018

APPLICATION FOR ENROLLMENT

opreciating the education	onal advantages offered by a Christian schoo	I we hereby request that our child be
	race Lutheran Christian School.	i, we hereby request that our enha be
ild's Name:		M F Age:
	City:	
	Date of Baptism:	
	Father	Mother
Name		
Occupation		
Employer		
Home Address		
Email Address		
Work Phone		
Cell Phone		
Church Affiliation		
	Brothers' &/or Sisters' Names	Date of Birth

Does your child have any disabilities or handid	caps? All information is confidential.	
Indicate your reason for applying to Grace Lut	theran Christian School.	
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If your child is being transferred from anoth has attended no other school before, omit the	her school, please answer the following questions. If your child ne information requested below.	
School from which you intend to transfer:		
	When Completed? (MO) (YR)	
In which grade do you wish your child to be en		
	(If "yes", please explain below.)	
Has your child been suspended or expelled fro		
(If "yes" please explain below.)		
	+ + + + +	
A COPY OF THE LATEST ISSUE OF YOUR CH	HILD'S REPORT CARD MUST ACCOMPANY THIS APPLICATION.	
Additional Remarks:		
ethnic origin to all the rights, privileges, prog school. It does not discriminate on the basis of	er, CA admits students of any race, color, religion, national and rams, and activities generally accorded or made to students at the of race, color, religion, national or ethnic origin in administration athletic and other school-administered activities.	
Parental Signature:	Date:	

Next Steps:

*Upon receipt of this application and copy of your child's report card, an interview time will be scheduled. A placement test may be required.

*Upon acceptance-submit copies of birth certificate, current immunization records; current custody records and IEP if applicable and payment of registration and material fees.