



CHRIST LUTHERAN SCHOOL
28850 South Western Avenue
Rancho Palos Verdes, CA
90275

Office: 310-831-0848 Fax: 310-831-0090

Number: _____	Date Rec'd: _____
Test Fee: \$ _____ / Ck#: _____	Time Rec'd: _____
Reg. Fee: \$ _____ / Ck#: _____	Start Date: _____
SMART: \$ _____ / Ck#: _____	Supplemental App.: _____
Annual: _____	Teacher Rec. Forms: _____
Grade: _____	Sibling(s): Yes _____ No _____

GRADES 1 – 8 APPLICATION FOR ADMITTANCE – Part 1
Complete all sections. Please Print.

This application to enter Christ Lutheran School is for:

_____ Male Female
 (First Name) (Middle Name) (Last Name)

for grade _____, beginning in the month of _____, 20_____

- 1) This application is valid only when the front and back of this form are completed and signatures are affixed below.
- 2) Christ Lutheran does not discriminate in its enrollment policies on the basis of race, sex, color, national or ethnic origin.
- 3) Completion of this application does not assure enrollment. All applicants will be evaluated on the basis of: a) previous academic performance and ability, b) past conduct, and c) personal and family commitment to Christian education.
- 4) Upon acceptance, the full registration fee is required before admission becomes final. Registration fees are non-refundable, unless all three of the following conditions are met:
 - a) You move more than 15 miles from Christ Lutheran School;
 - b) You notify the school, *in writing*, prior to the first day of school;
 - c) The student has not yet started attending classes for the applicable year.
- 5) Acceptance is for a one year period only. Application for re-enrollment must be made annually.
- 6) Students cannot be admitted or re-admitted until an emergency card has been completed.
- 7) As parent(s) or guardian(s) of the above-named child, I (we) agree:
 - a) *To a screening test.*
 - b) *To provide a teacher recommendation.*
 - c) *To provide achievement test results (CSET, ITBS, etc.) from the prior school year and a copy of the most current report card.*
 - d) *To pay tuition charges and required fees according to the schedule established by the school.*
 - e) *To participate in an orientation class (approximately 1 & 1/2 hours) in order to become acquainted with the basic teachings of the Lutheran faith, if not of the Lutheran faith.*
 - f) *To support the Christian training and education of Christ Lutheran School in my home.*
 - g) *To support the Christian emphasis of the school by worshipping with my child regularly.*
 - h) *To have my child present when he/she is scheduled to participate in a school or church activity.*

I realize that failure to follow through on the above promises will jeopardize my child's attendance at Christ Lutheran School.

Signature of both parents/guardians is required if both have legal responsibility for the child.

Signature: _____

Signature: _____

Date: _____

Date: _____

Student Information:

1) Birth Date: _____

2) Baptized? No Yes Date of Baptism: _____

3) Does the child have any physical limitations, handicaps, or medical conditions? No Yes

If Yes, please explain: _____

4) Does the child have learning or academic difficulties of any kind? No Yes ~ **complete the attached Supplemental Application**

5) Has your child been diagnosed to have ADD? No Yes or ADHD? No Yes ~ **complete the attached Supplemental Application**

6) Is the child on any kind of medication? No Yes **If yes, complete the attached Supplemental Application.**

7) Has the child ever been retained at any grade in school? No Yes If Yes, please explain: _____

8) Please list the names of school(s) your child has previously attended and give the complete address of current/last school attended:

<u>Name of School</u>	<u>Address</u>	<u>Grade(s) Attended</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

9) What is your major reason for desiring to enroll your child at Christ Lutheran School? _____

Family Information: All mailings should be addressed to:

1) Name: _____

2) Home Phone (include area code): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Father's email _____ Mother's email _____

Father's Social Security Number _____ Mother's Social Security Number _____

3) Father/Guardian's Full Name: _____ Occupation: _____

4) Employed by: _____ Phone: _____

5) Mother/Guardian's Full Name: _____ Occupation: _____

6) Employed by: _____ Phone: _____

8) Other children in family:

Name

Age

Date of Baptism

Name

Age

Date of Baptism

Name

Age

Date of Baptism

9) Does the child live in the home with both natural parents? Yes No If No, please explain: _____

Religious Affiliation:

1) Name and location of church membership: _____

2) On average, how often per month does the parent attend worship services? _____

3) Are you interested in attending classes to learn more about the Lutheran Church? _____

4) Child attends worship: Often Occasionally Seldom

5) Child attends Sunday School: Often Occasionally Seldom

6) How can our school assist in the spiritual growth of your child? _____

SUPPLEMENT TO APPLICATION FOR ADMISSION – Part 2

Complete all sections. Please Print.

You have answered "YES" to questions 5, 6, 7, and/or 8 on Part One of our application. In order to assist us in the evaluation process, please complete the following:

_____ Male Female
(First Name) (Middle Name) (Last Name)

1. Provide us with copies of your child's report cards for the past two years (this must include absences, tardiness, and any teacher or principal comments.)
2. A Teacher Recommendation Form (see attached) and a Second Letter of Recommendation (excluding family members).
3. Any unusual difficulties of any kind with the following;
 - a. An inability to focus and/or concentrate No Yes
 - b. A problem with organizational skills No Yes
 - c. Behavioral Problems No Yes
 - d. Failure to complete assignments on time No Yes
 - e. *Reading* No Yes ; *Math* No Yes ; *English* No Yes
4. Does your child have an Individualized Education Plan (IEP)?: No Yes ~ If Yes, please provide us with a copy. Having an IEP will not necessarily prevent your child from being enrolled. We need to make sure that we have the services and resources to support your child's needs.

If you answered YES to question #5 in Part 1 of the application (Student Information section), please answer the following:

Has the child gone through any testing or been diagnosed with any learning difficulties of any kind? Please explain.

P L E A S E P R O V I D E C O P Y O F R E P O R T

If you answered YES to question #6 or #7 in Part 1 of the application (Student Information section), please answer the following:

Has your child ever been treated for ADD, ADHD or any other learning disability? If so, for how long? _____

Please explain.

If you answered YES to question #6 in Part 1 of the application (Student Information section), please answer the following:

Is your child currently on any kind of medication? If so, please indicate the type of medication and how often it is administered?

SHOULD YOU RESPOND POSITIVELY TO ANY OF THE CONCERNS NOTED ABOVE IN #4 AND THE SUBSEQUENT QUESTIONS, YOUR CHILD'S FUTURE ENROLLMENT HERE WILL BE BASED ON A JOINT DECISION BY THE PRINCIPAL AND THE CLASSROOM TEACHER.



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Teacher Recommendation Form

Name of Student: _____ Grade: _____

Name of School: _____ Address/Zip: _____ Phone: _____

Dear Teacher:

The above - named applicant is applying for admission to Christ Lutheran School. Please include any information you feel is pertinent. Your prompt appraisal of the candidate will help to assure full consideration. Please mail or fax the completed form to the above address. The process of admittance cannot continue without this form.

- 1) How long have you known this applicant? _____
- 2) In what capacity? _____
- 3) Please check appropriate description with regard to the above - named student as follows:

	Outstanding	Above Average	Average	Below Average	Poor
a) Academic Ability	_____	_____	_____	_____	_____
b) Desire to Learn	_____	_____	_____	_____	_____
c) Contribution to Class	_____	_____	_____	_____	_____
d) Rate of Progress	_____	_____	_____	_____	_____
e) Relationship with Teacher (s)	_____	_____	_____	_____	_____
f) Integrity	_____	_____	_____	_____	_____
g) Self - Control	_____	_____	_____	_____	_____
h) Appearance / Health	_____	_____	_____	_____	_____
i) Relations with Peers	_____	_____	_____	_____	_____
j) Motivation to Succeed	_____	_____	_____	_____	_____
k) Contributions to School	_____	_____	_____	_____	_____
l) Thoughtfulness to Others	_____	_____	_____	_____	_____
m) Leadership	_____	_____	_____	_____	_____

n) Please include any appropriate additional comments about the candidate.

Do you recommend this student to us without reservation? _____. If you have reservations, please explain on the back of this form.

Teacher's Signature: _____ Date: _____

Please Print Name: _____



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STUDENT RECOMMENDATION FORM
 [Other Than Teacher]

Student's Full Name: _____ Current Grade: _____

Parent's Full Name: _____

Name of Person Making Recommendation: _____

Address, Zip Code: _____ Phone: _____

Relationship to Student – Check One:

- A) _____ Tutor
- B) _____ Relative
- C) _____ Friend
- D) _____ Other _____

On the lines below, please give meaningful reasons as to why the above named student would benefit from our program of Christian Education.

Signature: _____ Date: _____

Print Name: _____