

**APPLYING FOR GRADE:** \_\_\_\_\_ **SCHOOL YEAR:** \_\_\_\_\_ - \_\_\_\_\_

Student's Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex:  Male  Female Social Security \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

U.S. Citizen?  Yes  No (As required by Sections 3301(1) & (6) of the ESEA and CA Department of Education)

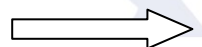
Birthplace \_\_\_\_\_ Adopted?  Yes  No

Date of Baptism: \_\_\_\_/\_\_\_\_/\_\_\_\_ Baptismal Church: \_\_\_\_\_ City: \_\_\_\_\_

FATHER / GUARDIAN	MOTHER / GUARDIAN
Name: _____	Name: _____
Address: _____	Address: _____
City: _____ Zip: _____	City: _____ Zip: _____
Occupation: _____	Occupation: _____
Employer: _____	Employer: _____
Home Phone: (____) _____	Home Phone: (____) _____
Work Phone: (____) _____	Work Phone: (____) _____
Cell Phone: (____) _____	Cell Phone: (____) _____
Email: _____	Email: _____
Ethnic Group: _____	Ethnic Group: _____
St. John's Member? <input type="checkbox"/> Yes <input type="checkbox"/> No	St. John's Member? <input type="checkbox"/> Yes <input type="checkbox"/> No
Member of another church? <input type="checkbox"/> Yes <input type="checkbox"/> No	Member of another church? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, name of church _____	If yes, name of church _____

STEPMOTHER
Name: _____
Occupation: _____
Work Phone: _____

STEPFATHER
Name: _____
Occupation: _____
Work Phone: _____



Parent's Marital Status:  Married  Divorced  Separated  Single  Widow/Widower

If divorced, who has legal custody of the student?  Father  Mother  Joint  
Please attach to this application court documentation regarding custody.

Student Lives With:  Father  Mother  Stepfather  Stepmother  Other \_\_\_\_\_

LAST SCHOOL ATTENDED	SIBLINGS (Name and Current Grade)
Name: _____	1. _____ / _____
Address: _____	2. _____ / _____
City/Zip: _____	3. _____ / _____
Phone: _____	

Academic Strength? \_\_\_\_\_ Academic Weakness? \_\_\_\_\_

Has the student ever been evaluated for: (If yes, please explain on a separate sheet)

Y	N	Y	N
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning Differences		Behavioral Problems	
<input type="checkbox"/>		<input type="checkbox"/>	
Psychiatric/Psychosocial Problems		Visual Problems	
<input type="checkbox"/>		<input type="checkbox"/>	
Hearing Problems		I.Q.	
<input type="checkbox"/>		<input type="checkbox"/>	

Have there been any situations in the student's life which the school should know about in order to meet his or her learning or developmental needs? (e.g. frequent moves, frequent changing of schools, divorce, etc.) \_\_\_\_\_

Has the student ever been subject to major disciplinary action (suspension or expulsion) in school?  Yes  No  
(If yes, please explain on a separate sheet)

Extracurricular Interests, abilities, achievements, musical instruments played? \_\_\_\_\_

Are there any special health concerns of which the school should be aware? \_\_\_\_\_  
\_\_\_\_\_

How did you hear about St. John's? \_\_\_\_\_

Reason for requesting enrollment at St. John's: \_\_\_\_\_

**Non-Discriminatory Policy: St. John's Lutheran School admits students of any race, color, and national origin and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color or national and ethnic origin in administration of its policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.**

**I hereby certify that the information on this application is accurate and complete and that inaccurate or incomplete information may result in non-acceptance or dismissal from school.**

Signed \_\_\_\_\_ Print \_\_\_\_\_ Date \_\_\_\_\_  
(Parent or legal guardian)