

FAITH LUTHERAN SCHOOL

4000 San Juan Avenue Fair Oaks, CA 95628 Tel. 916.961.4252

APPLICATION FOR ADMISSION

Student's First Name (*Please print*) _____ Middle _____ Last _____ Preferred First Name _____
Street Address _____ City _____ State _____ Zip _____
Home Telephone _____ Email Address _____
Date of Birth _____ Age _____ Current Grade _____ Male Female
Grade applying to: 4 2 K Transitional K *For TK, K, and 1, please present a copy of the birth certificate along with your application.*
3 1

Current School _____ School Director/Principal _____
School Address _____ City _____ State _____ Zip _____
School Telephone _____ School Attended Prior to Current School _____

If members of your family attend or have attended Faith, specify names, relationships, and date of attendance.

Names and ages of brothers and sisters _____

Are they applying to Faith Lutheran School? Yes No If not, where do they attend? _____

Are there any health conditions or physical limitations of the applicant that may impact his/her education experience at Faith?
No Yes If yes, please explain. _____

Has the applicant ever:

- ◆ had any psychological/educational testing and/or counseling? No Yes (*If yes, please explain the nature of the testing and/or counseling on a separate sheet of paper and provide any official documentation.*)
- ◆ been "double promoted?" No Yes If so, what grade? _____
- ◆ repeated a grade? No Yes If so, what grade? _____
- ◆ been dismissed or suspended from any school for any reason? No Yes If so, please explain, including name of school and principal. _____
- ◆ been in advanced, accelerated or honors classes? No Yes If so, in what areas? _____
- ◆ has any clinically diagnosed learning disabilities? No Yes If so, please explain. _____
- ◆ had any special additional testing or tutoring? No Yes If so, please explain. _____
- ◆ taken part in any sports, music, arts, or other special interests? No Yes If so, please explain. _____

Please check all that apply.

- Parents live together with applicant. Father is deceased. Mother is deceased.
 Parents live separately: Father has custody on this schedule: _____
 Mother has custody on this schedule: _____
 Applicant lives with other adult in the home: _____

Please use the space below for any other pertinent information about the applicant or family situation. (*Optional*)
Attach a separate sheet of paper if necessary.

Full Name of Father/Guardian (include title) _____

Street Address _____ City _____ State _____ Zip _____

Home Telephone _____ Email Address _____

Father's Employer _____ Occupation _____

Business Telephone & Fax _____ Cell Phone _____

Full Name of Mother/Guardian (include title) _____

Street Address _____ City _____ State _____ Zip _____

Home Telephone _____ Email Address _____

Mother's Employer _____ Occupation _____

Business Telephone & Fax _____ Cell Phone _____

How did you learn about Faith? _____

To what other schools is this student applying? _____

I understand that withholding or misrepresenting information requested on this application may jeopardize admission or enrollment at Faith Lutheran School. My signature below indicates that all the information contained in our application file is correct, complete, and honestly represented.

Father/ Guardian Signature

Date

Mother/ Guardian Signature

Date

*Please enclose a nonrefundable \$240 fee with this application.
This fee is part of the yearly tuition and will be deducted from your tuition balance.
This fee will be returned if your child is not accepted or if you have to be placed on a waiting list.*

Thank you for your interest in Faith Lutheran School.

Faith Lutheran School admits qualified students without regard to race, sex, religion, national or ethnic origin, or physical disability.