

Concordia Lutheran School
6700B Westbank Expressway
Marrero, Louisiana 70072
Phone: (504) 347-4155 Fax: (504) 348 9345

APPLICATION FOR ADMISSION

(Application Fee Must Accompany This Form)

GRADE ENTERING **CHILD'S DATE OF BIRTH** **AGE** **CHILD'S SOCIAL SOCIAL SECURITY #**

CHILD'S LAST NAME **CHILD'S FIRST NAME** **CHILD'S MIDDLE NAME**

CHILD'S STREET ADDRESS **CITY** **STATE** **ZIP CODE**

()

CHILD'S HOME NUMBER **PLACE OF BIRTH (CITY & STATE)** **ADOPTED YES () NO ()**

(Please check the appropriate one for State and Federal purposes only)

CHILD'S SEX () MALE () FEMALE **ETHNICITY** () HISPANIC () NON HISPANIC

RACE () AM. INDIAN () ASIAN () AFRICAN AMERICAN () NATIVE HAWAIIAN/PACIFIC ISLANDER () WHITE
() TWO OR MORE RACES

CHILD'S RELIGION **CHURCH ATTENDING**

LAST SCHOOL ATTENDED **CITY** **STATE** **ZIP CODE**

CHILD LIVES WITH (CHECK ONE) () BOTH PARENTS () MOTHER () FATHER () GRANDPARENT () OTHER

APPLICANT BACKGROUND

- Has the applicant ever been in a remedial or resource program? () Yes () No
Has the applicant ever had an educational evaluation? () Yes () No
Has the applicant ever had a psychological evaluation? () Yes () No
Has the applicant ever applied to Concordia Lutheran School? () Yes () No
Has the applicant ever been put on probation at any school? () Yes () No
Has the applicant ever been suspended at any school? () Yes () No
Has the applicant ever been dismissed from any school? () Yes () No
Does the applicant have any learning disabilities? () Yes () No

If a psychological or educational evaluation has been made, a copy should accompany this form.

How did you hear about Concordia Lutheran School? _____

Parent / Guardian information

MOTHER'S LAST NAME MOTHER'S FIRST NAME MOTHER'S MAIDEN NAME

ADDRESS (IF DIFFERENT FROM CHILD) CITY/ STATE ZIP CODE

CELL PHONE NUMBER HOME PHONE NUMBER EMERGENCY CONTACT #

PLACE OF EMPLOYMENT OCCUPATION WORK PHONE NUMBER

EMAIL ADDRESS RELIGION

(PLEASE CHECK THE APPROPRIATE ONE FOR STATE & FEDERAL PURPOSES)

ETHNICITY () HISPANIC () NON HISPANIC

RACE () AM. INDIAN () ASIAN () AFRICAN AMERICAN () NATIVE HAWAIIAN / PACIFIC ISLANDER () WHITE

() TWO OR MORE RACES

FATHER'S LAST NAME

FATHER'S FIRST NAME

FATHER'S MIDDLE NAME

ADDRESS (IF DIFFERENT FROM THE CHILD)

CITY / STATE

ZIP CODE

CELL PHONE NUMBER

HOME PHONE

EMERGENCY CONTACT #

PLACE OF EMPLOYMENT

OCCUPATION

WORK PHONE NUMBER

EMAIL ADDRESS

RELIGION

(PLEASE CHECK THE APPROPRIATE ONE FOR STATE & FEDERAL PURPOSES)

ETHNICITY () HISPANIC () NON HISPANIC

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() TWO OR MORE RACES

IN CASE OF EMERGENCY NOTIFY THE FOLLOWING PEOPLE OTHER THAN PARENTS

NAME

RELATIONSHIP TO STUDENT

HOME PHONE NUMBER

CELL PHONE

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The natural parents to the child applying are (Check One) () married () Separated () Divorced () Never Married

If not married, please answer the following :

Who has custody of the child applying? _____

Person's name with whom the child resides _____

***** Please provide copy of the most current custody order with seal. *****