

RELIGIOUS INFORMATION

Is the child baptized?

Yes No

Date of Baptism

Month	Date	Year

Denomination or church affiliation of student

Church Membership

Student

Church Name

Church Address

Father/Guardian I

Church Name

Church Address

Mother/Guardian II

Church Name

Church Address

If you are not specifically affiliated with a church, would you like to be contacted by the Pastor of Advent Lutheran Church? Yes No
Would you be interested in an adult membership information course with view of membership in Advent Lutheran Church? Yes No

INFORMATION CONCERNING THE CHILD

(If more space is needed for any of the questions below, please attach a separate piece of paper.)

Do any brothers or sisters have behavioral difficulties? If yes, briefly explain.

Are there any emotional problems, abuse, etc.? If yes, briefly explain.

Was child premature? Y N Anything unusual about birth? _____

Did your child receive any type of resource evaluation and/or services (i.e. educational, emotional, psychological, psychomotor)

physiological at his/her previous school? Yes No

If YES, please explain: _____

PHYSICAL AND EMOTIONAL CHARACTERISTICS

Do any of the following conditions or characteristics apply to your child? Circle Y for yes or N for no. Elaborate in the space provided below.

- | | | | | | | | | |
|---|---|----------------|---|---|---|---|---|-----------------------|
| Y | N | Allergies | Y | N | Problems with eyesight | Y | N | Problems with hearing |
| Y | N | Speech Defects | Y | N | Frequently shows temper | Y | N | Plays with others |
| Y | N | Plays alone | Y | N | Takes any medications which might change his/her behavior | | | |

Comments: _____

Write the names in age order of siblings in the family that live in the same household and give dates of birth for each:

(Advent Lutheran Elementary School does not provide resources for students beyond the regular classroom instruction and is not responsible for obtaining or locating them for your child.)

TRANSPORTATION INFORMATION

To School _____ From School _____

Persons authorized to pick up student:

1 _____

2 _____

Parent herewith promises that if a child is admitted into Advent Lutheran Elementary School he/she will (1) regularly attend worship services with the child, (2) faithfully meet the obligations of school membership, (3) sincerely and faithfully have the child apply him/herself to the studies assigned, and (4) carefully observe the rules and regulations of the school.

{Note: The official transcript received from a previous school must match any copies that were used to determine placement at the time of enrollment. Any variance between the two could be cause for a student's immediate dismissal.}

PLEASE RETURN COMPLETED FORM AND NON-REFUNDABLE PLACEMENT ASSESSMENT FEE TO THE SCHOOL OFFICE.

DATE OF APPLICATION _____ SIGNATURE _____

By signing this application, I affirm that all information is correct according to all evaluations that were made regarding the student.

My child attends Advent CDC. Yes No

My child attended Advent CDC when he/she was _____ years old and attended for _____ years _____ months.