



**Application For Kindergarten Enrollment**

<b>For Office Use Only</b>
Date: _____
Check #: _____
Amount: _____

**Student Lives With**  
(Please circle all that apply) Both Parents   Step/Mother   Step/Father   Grandparents   Other \_\_\_\_\_

**Parent Name** \_\_\_\_\_

**Student Name**  
Last                      First                      MI

**Date of Birth:**      /      /      **Gender:** Male   Female

**Home Address** \_\_\_\_\_  
Street                      City                      State                      Zip

**Race:** African American   Asian   Caucasian   Hispanic   Multiracial   Native American   Other \_\_\_\_\_

**Church Currently Attending:** \_\_\_\_\_      **Pastor:** \_\_\_\_\_

**Father/Step-Father or Guardian's Information:** Marital Status: Married   Divorced   Separated   Widow   Single

**Name:** \_\_\_\_\_ **E-Mail Address:** \_\_\_\_\_  
Dr.   Mr.

**Address (if different from student):** \_\_\_\_\_      **Responsible for Payment:** Yes   No   Split Account (% \_\_\_\_\_)

**Home Phone:** \_\_\_\_\_      **Cell Phone:** \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_      **Business Phone:** \_\_\_\_\_

**Mother/Step-Mother or Guardian's Information:** Marital Status: Married   Divorced   Separated   Widow   Single

**Name:** \_\_\_\_\_ **E-Mail Address:** \_\_\_\_\_  
Dr.   Miss   Mrs.   Ms.

**Address (if different from student):** \_\_\_\_\_      **Responsible for Payment:** Yes   No   Split Account (% \_\_\_\_\_)

**Home Phone:** \_\_\_\_\_      **Cell Phone:** \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_      **Business Phone:** \_\_\_\_\_

<p><b>FINANCIAL INFORMATION:</b></p> <p>_____ We plan to file for financial aid through FACTS – <b>financial aid must be filed online by May 1<sup>st</sup>.</b></p> <p>_____ We have submitted an application for the Empower Illinois Scholarship (must be done prior to filing with FACTS).</p> <p><b><u>Person Responsible for Payment (if other than a parent):</u></b></p> <p>Name: _____ Address: _____</p> <p>Phone Number: _____ Email Address: _____</p>
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**SPECIAL EDUCATION INFORMATION**

Does your child have a current Individual Education Program (IEP) or 504 Plan for Special Education? Yes No

Has your child ever had an Individual Education Program (IEP) or 504 Plan for special education consideration? Yes No

Comments: \_\_\_\_\_

**PREVIOUS SCHOOL INFORMATION**

Preschool Attended: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Number of Years Attended Preschool: \_\_\_\_\_

I understand that a Previous School Referral Form must be completed and signed before my student is enrolled at LSA. \_\_\_\_\_  
(Parent Initial)

Public School District in which you live: \_\_\_\_\_

Are this child's parents alumni of LSA? Yes No

If so, what grade(s) did they attend LSA? \_\_\_\_\_

**EMERGENCY/MEDICAL INFORMATION:** In case of emergency please list your family physician, and preferred hospital along with emergency contacts (someone that does NOT reside at your address):

We give our consent for the school to use its own judgment in securing medical aid and ambulance service in case the parents cannot be reached: Yes No Preferred Hospital \_\_\_\_\_

The school may apply first aid treatment until the family can be contacted: Yes No

Family Physician \_\_\_\_\_ Office Phone \_\_\_\_\_

**Emergency Contact Information** (someone that does NOT reside at your address)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

**READ CAREFULLY AND SIGN AS INDICATED:** We understand that LSA reserves the right to cancel the enrollment of any student at any time for reason of deficiency in scholarship, unsatisfactory conduct, or failure to meet tuition payments. Students with previous school issues in academics, attendance, or behavior will be asked to re-interview with the principal prior to acceptance. I agree to accept all the policy and financial regulations of the Lutheran School Association.

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_