Emmanuel Lutheran School
Pre-Kindergarten Application for Admission

STUDENT INFORMATION

Student's Name	Male ☐ Female ☐
Date of Birth	Place of Birth
Applying for School year	

PARENT INFORMATION

Father's Name	Mother's Name	Residence Telephone
Residence Address	City, State, Zip	
Father's Occupation	Employed by	Business Telephone Cell Phone
Business Address	City, State, Zip	
Mother's Occupation	Employed by	Business Telephone Cell Phone
Business Address	City, State, Zip	
If parents are divorced or separated, to whom should admissions correspondence be sent?	With whom does the child reside?	
If you wish correspondence to be sent to an address other than the above, pleases indicate here:	Street Address	City, State, Zip

CHURCH INFORMATION

Name of church currently attending _____

Are you active members of your church? Yes ☐ No ☐

Is your child baptized? Yes ☐ No ☐

Does your child regularly attend church? Yes ☐ No ☐

Does your child regularly attend Sunday School? Yes ☐ No ☐

Are you interested in attending classes which explain the teachings of Emmanuel Lutheran Church? Yes ☐ No ☐

REASONS FOR ENROLLING

Why do you wish to enroll your child in Emmanuel Lutheran School?

PARENT SIGNATURES

Father's signature	Date
Mother's signature	Date