



240 E. 5600 S. + MURRAY, UTAH 84107 + 801.266.8714
www.chrilstutah.com

APPLICATION FOR ENROLLMENT 2016-2017

☆Please complete **this application** and return it with the appropriate fees to the school office. (See Fee Schedule)

☆A completed **Immunization Record, verification of physical exam, and a copy of the student's birth certificate must** be on file in the school office before consideration for acceptance can be given.

Full Name of Student: _____
Last First Middle Initial

Sex (circle one): M F **Application Date:** _____

Ethnic Origin* (Circle One): Caucasian African American Asian Hispanic/Latino Native American Other

*This information is used in state statistical reporting only.

<input type="checkbox"/> Returning Student <input type="checkbox"/> New Student	Student's Current Grade Level (Circle One): PK K 1 2 3 4 5 6 7 8	Grade Student is Applying For (Circle One): K 1 2 3 4 5 6 7 8	Date of Expected Entry: _____
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Family Home Phone #:
_____/_____/_____

Student's Physical Address (This is where the student lives):

Address/Street _____ Apt. # _____
 City _____ State _____ Zip _____

Student's Date of Birth:

 Month Day Year

Student's Mailing Address (If different from above):

PO Box _____ Apt. # _____
 City _____ State _____ Zip _____

May we publish your name, address, phone number and e-mail address in the school directory?
 YES NO

Student Lives With* (circle all that apply):

Father Stepfather Grandfather Guardian

Mother Stepmother Grandmother Guardian

Mr. _____
 Dr. _____

Mrs. _____
 Ms. _____
 Dr. _____

 Employer Occupation

 Employer Occupation

Work Phone: _____/_____ ext. _____

Work Phone: _____/_____ ext. _____

Cell Phone: _____/_____

Cell Phone: _____/_____

E-mail: _____

E-mail: _____

Marital Status: Married Single Divorced

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*This section is for parents/step-parents/guardians with whom the student is **presently living**. Caregivers (other than the student's biological parents) must provide a copy of the most recent court decree regarding this child.

This Form Is Continued On Back!

Student's Brothers and Sisters:

Name: _____ Birthdate: ___/___/___ School: _____ Grade: _____
 Name: _____ Birthdate: ___/___/___ School: _____ Grade: _____
 Name: _____ Birthdate: ___/___/___ School: _____ Grade: _____
 Name: _____ Birthdate: ___/___/___ School: _____ Grade: _____

Required Emergency Information:

Emergency Contact Name: _____ **Phone:** _____ / _____
Please do not list Student's home #

Alternate Contact Name: _____ **Phone:** _____ / _____
Please do not list Student's home #

Doctor: _____ **Phone:** _____ / _____

Dentist: _____ **Phone:** _____ / _____

Family Church Membership:

Name of Church: _____ Is the student baptized? YES NO

Denomination: _____ Date of Baptism: _____

We are not members of a church and would welcome a visit from the pastoral staff of Christ Lutheran Church.

Last School Attended (include preschool or kindergarten):

Name of School: _____ Phone: _____ / _____

Address: _____ Reason for Leaving: _____
Address City State Zip

General Information:

Special Medications (allergies, asthma, etc.):
 List medications: _____
 Doctor involved: _____ Phone: _____ / _____

Does this student suffer from: epilepsy? asthma? diabetes? Any other condition that might pose an emergency at school?
 (Please explain: _____)

Are this student's immunizations up to date? YES NO
(Utah State Law requires an up-to-date copy of the student's immunization record be on file in the school office.)

Has this student experienced any discipline/behavior problems, school suspensions, grade retention, double promotions, etc.? If yes, please explain: _____

How Did You Hear About Christ Lutheran School?

Newspaper Website Sign Out Front
 Radio/TV Murray Calendar Murray Map Other _____
 Recommendation (Who may we thank for recommending you? _____)

During the year, photos will be taken and may be used in print publicity or on our website. If you do not wish for your child's photo and/or name to appear, please send written notification to the school office not later than the first day your child attends class at Christ Lutheran School.

Christ Lutheran School does not discriminate on the basis of gender, race, color or national origin in the administration of our educational policies, employment practices, admission policies, administrative policies, financial aid, athletics or other school administered programs.

Contractual Agreement: Your signature below indicates that you agree: 1) to fulfill all financial obligations. Tuition and fees will be paid as billed. Student's grades and other records will not be issued or released until all applicable tuition and fees are paid. In the event of withdrawal or dismissal, all fees are non-refundable and tuition will be charged through the end of the school year; and 2) to abide by Christ Lutheran School guidelines and policies as outlined in the student-parent handbook.

 Father's (Guardian's) Signature

 Date



 Mother's (Guardian's) Signature

 Date