

# St. Philip Lutheran School † Dublin, California

## Application for Admission 2017-2018

Student's First Name (Please Print) \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Preferred First Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ CA \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Current Grade \_\_\_\_\_ Male  Female

Entering Grade: 
 Junior Kindergarten: 8:30-11:30 AM   
 8:30-3:00 FULL 
 K  1  2  3   
 4  5  6  7  8

Current School \_\_\_\_\_ School Director/Principal \_\_\_\_\_

School Address \_\_\_\_\_ City \_\_\_\_\_ CA \_\_\_\_\_ Zip \_\_\_\_\_

School Telephone \_\_\_\_\_ School Attended Prior to Current School \_\_\_\_\_

Church Home \_\_\_\_\_ Synod/Denomination \_\_\_\_\_ Active? \_\_\_\_\_

Church Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Pastor(s) \_\_\_\_\_ Church Phone \_\_\_\_\_

Has child been baptized? \_\_\_\_\_ When? \_\_\_\_\_ Does Child attend Sunday School? \_\_\_\_\_ Where? \_\_\_\_\_

If members of your family attend or have attended St. Philip, specify names, relationships, and date of attendance.

Names and ages of any siblings \_\_\_\_\_

Are there any health conditions or physical limitations of the applicant that may impact his/her education experience at St. Philip? No  Yes  If yes, please explain. \_\_\_\_\_

- Has the applicant ever:
- had any psychological/educational testing and/or counseling? No  Yes  (If yes, please explain the nature of the testing and/or counseling on a separate sheet of paper and provide any official documentation.)
  - been "double promoted" ? No  Yes  (If so, what grade?) \_\_\_\_\_
  - been dismissed or suspended from any school for any reason? ? No  Yes  (If yes, please explain, including name of school principal. \_\_\_\_\_
  - been in advanced, accelerated or honors classes? No  Yes  (If so, in what areas?) \_\_\_\_\_
  - had any clinically diagnosed learning disabilities? No  Yes  (If so, please explain.) \_\_\_\_\_
  - \_\_\_\_\_
  - had any special additional testing or tutoring? ? No  Yes  (If so, please explain.) \_\_\_\_\_
  - taken part in any sports, music, arts, or other special interests? No  Yes  (If so, please explain.) \_\_\_\_\_
  - \_\_\_\_\_

Please check all that apply.

Parents live together with applicant     Father is deceased.     Mother is deceased.

Parents live separately:     Father has custody on this schedule: \_\_\_\_\_

Mother has custody on this schedule: \_\_\_\_\_

Applicant lives with another person in the home: \_\_\_\_\_

Please use the space below for any other pertinent information about the applicant or family situation. (Optional) Attach separate sheet of paper if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Full Name of Father/Guardian (including title) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ CA \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Father's Email \_\_\_\_\_

Business Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Cell ( \_\_\_\_\_ ) \_\_\_\_\_

Full Name of Mother/Guardian (including title) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ CA \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Mother's Email \_\_\_\_\_

Business Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Cell ( \_\_\_\_\_ ) \_\_\_\_\_

Marital Status \_\_\_\_\_ Child Lives With \_\_\_\_\_

How did you hear about St. Philip Lutheran School? \_\_\_\_\_

To what other schools is this student applying? \_\_\_\_\_

I understand that withholding or misrepresenting information requested on this application may jeopardize admission or enrollment at St. Philip Lutheran School. My signature below indicates that all the information contained in this application file is correct, complete and honestly represented.

**Statement of Intent**

We, as parents, desire a quality, Christ-centered education for our child and believe that St. Philip Lutheran School will provide this type of education. We understand that this education involves a partnership between the parents and the school. We will commit to timely payment of tuition/fees, include the school in our prayers, and seek to keep open lines of communication with the school.

\_\_\_\_\_  
Father/Guardian Signature Date

\_\_\_\_\_  
Mother/Guardian Signature Date

**Please enclose the registration and application fee of \$495 with this application. This fee will only be refunded if your child is NOT accepted or is placed on a waiting list.**

St. Philip Lutheran School admits qualified students without regard to race, sex, religion, national or ethnic origin, or physical disability.

☆	☆	☆	☆	☆	☆	☆	☆	☆	☆	☆	☆	☆	☆	☆	☆
<b>OFFICE USE ONLY:</b> App. Received - Date _____												Time _____		Student _____	
Application Fee _____				Amount \$ _____				Check # _____				Siblings _____			
Registration Fee _____				Amount \$ _____				Check # _____				Siblings _____			
Scrip Option _____				Amount \$ _____				Check # _____				_____			
Parent Participation _____				Amount \$ _____				Check # _____				Reg Pkt _____			