

St. Philip Lutheran School † Dublin, California

Application for Admission 2019-2020

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:

Transitional	8:30-11:30 AM	<input type="checkbox"/>	Kindergarten	8:30-3:00 FULL	<input type="checkbox"/>
Kindergarten	8:30-3:00 FULL	<input type="checkbox"/>			

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.) _____
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- 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.

☆	☆	☆	☆	☆	☆	☆	☆	☆	☆	☆	☆	☆	☆	☆
OFFICE USE ONLY: 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 _____		