

APPLICATION FOR ENROLLMENT 2019-2020



Ascension Lutheran School

17910 S. Prairie Ave.
Torrance, CA 90504
310-371-3531

Grade (Sept. 2019) _____

Student's Legal Name _____ Nickname _____
(Please print full name clearly) (Last) (First) (Middle)

Billing Address _____
(Street) (City) (State) (Zip Code)

Phone _____ Date of birth _____ Place of birth _____

Check whatever applies: Sex: M F Is adopted

Child lives with: Father Stepfather Mother Stepmother Guardian Other _____

Parents are: Married Separated Divorced Single Mother deceased Father deceased

Legal Custody:** Father Mother Joint Guardian _____

***If applicable, please attach court documents regarding custody to this application*

Family Information:

Father / Stepfather / Grandfather / Guardian
(circle one)

Mother / Stepmother / Grandmother / Guardian
(circle one)

Name: _____

Street Address: _____

City, State, Zip Code: _____

Occupation/Employer: _____

Home phone: _____

Work phone: _____

Cell/Pager: _____

Email address: _____

Ethnic Group (reporting purposes): _____

<u>Siblings</u>	<u>Date of Birth</u>	<u>Siblings</u>	<u>Date of Birth</u>
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_____	_____	_____	_____
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_____	_____	_____	_____
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Please check the top three factors influencing your decision to apply to Ascension Lutheran School: Christian philosophy/environment
 Desire to attend private school Displeasure with public schools Recommendation
 Location Strength of extracurricular programs Academic reputation Other: _____

I was referred to Ascension Lutheran School by: _____

(over)



Church Membership Information:

We are members at _____ Church, _____
(Denomination-for reporting purposes)

Is your child baptized? yes no Date: _____ Church/Location: _____

Former School Information: Last school attended: _____

Grade : _____ Teacher: _____ Address: _____ Phone: _____

Was your child promoted at the end of the last school term? yes no If not, please explain: _____

Give details of any difficulties your child has experienced in school: _____

Give details of any health problems your child has which may affect education: _____

I certify that the information given is complete and accurate. I agree to fulfill all financial obligations, to cooperate with the programs and policies of Ascension Lutheran School, to facilitate our child's attendance at church and Sunday School, and to attend services at Ascension when class or choir participation is scheduled.

(Parent signature)

(Date)

***Please call us at 310.371.3531 to schedule your child's testing appointment.
We must have the completed application and \$50 per child testing fee at the time of the appointment.***

PLEASE NOTE:

Parents who are not members of a Lutheran church are invited to attend a series of information classes which explain the teachings of the Lutheran church.

For **kindergarten**, your child must have reached the age of 5 years old by August 31st, midnight, of the current year. The same requirement is made at age 6 for **first grade**. *If you are applying for placement in K or 1st, please bring a copy of the child's birth certificate when you return the application.* For **first through eighth grades** the student will need a School Recommendation Form from their previous school.

Application for enrollment does not constitute acceptance.