

# APPLICATION FOR ADMISSION

## Good Shepherd Lutheran School

1950 South Baldwin Road Lake Orion, MI 48360  
248.391.7244 FAX 248.391.0558

**A non-refundable \$100.00 application fee must accompany this form.**

Today's Date: \_\_\_\_\_ For school year beginning Fall 20\_\_

Student's Legal Name: \_\_\_\_\_ Nickname, if any: \_\_\_\_\_  
Last First Middle

Male \_\_\_\_\_ Female \_\_\_\_\_

Applying for: Preschool: \_\_\_\_\_ 3 yr. old preschool \_\_\_\_\_ 4 yr. old preschool  
Elementary/Middle School \_\_\_\_\_ Young Fives \_\_\_\_\_  
Morning Kindergarten \_\_\_\_\_ All day Kindergarten \_\_\_\_\_  
First \_\_\_\_\_ Second \_\_\_\_\_  
Third \_\_\_\_\_ Fourth \_\_\_\_\_  
Fifth \_\_\_\_\_ Sixth \_\_\_\_\_  
Seventh \_\_\_\_\_ Eighth \_\_\_\_\_

Childcare (preschool, Young Fives, Kindergarten only): \_\_\_\_\_

**Must complete the Application for Child Care form**

Address: \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_

Present School: \_\_\_\_\_ School District: \_\_\_\_\_

School Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

Does the child have any allergies? \_\_\_\_\_ If yes, are these allergies life threatening? \_\_\_\_\_ Please explain \_\_\_\_\_

Has the applicant ever received professional counseling (educational, personal, emotional?) Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe when and by whom: \_\_\_\_\_

### FAMILY INFORMATION

Full Name of Father: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Religious Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Occupation/Title: \_\_\_\_\_

Firm: \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Full Name of Mother: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Religious Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Occupation/Title: \_\_\_\_\_

Firm: \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

With whom does the student reside: \_\_\_\_\_ Both \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian (please describe relationship) \_\_\_\_\_

Names of Brothers and Sisters:

\_\_\_\_\_ Age \_\_\_\_ F \_\_\_\_ M \_\_\_\_ / \_\_\_\_\_ Age \_\_\_\_ F \_\_\_\_ M \_\_\_\_

\_\_\_\_\_ Age \_\_\_\_ F \_\_\_\_ M \_\_\_\_ / \_\_\_\_\_ Age \_\_\_\_ F \_\_\_\_ M \_\_\_\_

**(Over)**

