

Application for Admission Kindergarten – 8th Grade

Application for What Grade Level?

	Kindergarten (Kir	ndergarten students mu	st be age 5 by July 31, 2015.)				
	First Grade		Fifth Grade				
	Second Grade		Sixth Grade				
	Third Grade		Seventh Grade				
	Fourth Grade		Eighth Grade				
follo	wing do you prefe □ Consider m □ Only consid	er if an opening sh y children even if ler my children if t	han one child and your cl yould be made available for there are openings for just there are openings for each	or one of you st one of the	ur children?	l on a waitir	ng list, which of the
Info	rmation Abou	ıt This Child					
Lega	al Name: First		Middle		Last		· · · · · · · · · · · · · · · · · · ·
Nick	name		Gender: □ N	⁄lale □ F	emale		
			☐ American Indian			□ Other	
Hom	ne Address:		Ci	ty		State	Zip
Hom	ne Telephone Nun	nber with Area Co	ode				
Chile	d's Date of Birth _		Place of Birth _				· · · · · · · · · · · · · · · · · · ·
Chile	d's Date of Baptis	m	Church Where I	Baptized			
Nam	ne of Church Child	Attends (if any)		CI	hurch Phone N	lo	
Chu	rch Address			Pa	astor's Name ₋		
Prev	rious School(s) At	tended (if any). F	Please note: Previous sch	ools may be	e contacted du	ring the adı	missions process.
		Name of School (f any) or Write "Home Sch	ool"	City, State		Dates Attended
Pres	school						
Kinc	lergarten						
Eler	nentary Grades						
Nam	ne of Neighborhoo	d Public School a	and School District Child N	Vould Attend	d (please be spe	ecific - used	for state reporting)
	Public	School			School Dist	rict	
App. Int. S Int. C	ce Use: Received Scheduled Complete r_	_ Test Schedule	ed Immun	. Record \square	Reg. Fee Pd Report Card Standardized	☐ St	check # udent Assessment s

Why would you like your child to attend Calvary Lutheran School?					
Is the applicant adopted?	Yes □ No	If "yes", is the child aware of his or her adoption	? □ Yes □ No		
Through what grade level do y		oplicant to attend this school? (Circle the level.) 2 nd 3 rd 4 th 5 th 6 th 7 th 8 th			
Why?					
		by the applicant (if any).			
Explain discipline or behaviora	l concerns about	t which the school should be aware.			
Please have the student's mos	st recent teacher	complete and return a Student Assessment Form.			
		please attach copies of the applicant's most recent grade report and/or other school evaluation.	standardized test		
Has the child ever been suspe Expelled from a school?	nded from schoo	ol? □ Yes □ No □ Yes □ No			
 If yes to either sus 	pension or expu	lsion, attach to this application a description of the	circumstances.		
Information About Siblings:					
First and Last Name	Current	School Now Attending (if any)	Living In Same		
Tilot and Last Name	Age/Grade	Genoof Now Attending (if any)	Household?		
			☐ Yes ☐ No		
			☐ Yes ☐ No		
			☐ Yes ☐ No		
			☐ Yes ☐ No		
			☐ Yes ☐ No		
Applicant's parents are: (Please explain)			□ other		
Applicant lives with: □ motl		er □ stepmother □ stepfather □	other		
Please describe custodial arra	ngements if natu	ral parents are not in the same household. Please	provide a copy of the		
custodial agreement.					

Notice of Nondiscrimination

Calvary Lutheran School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, sex, color, or national and ethnic origin in the administration of its educational policies, admission policies, athletic policies, scholarship and loan programs and other school administered programs.

Information About the Natu	ral/Legal Father of the App	licant	
Legal Name: First	Middle	Last	
Nickname			
Home Address:			
Home Telephone with Area Code _			
Cellular Telephone/Pager with Area	a Code Sc	cial Security Number	
Occupation	Place of Wo	·k	
Work Address:			
Work Telephone Number			
Name of Church Natural Father Atte	ends (if any)		
Address:		Pastor's Name:	
Are you interested in learning more	about Calvary Lutheran Church?	□ Yes □ No	
Information About the Natu	ral/Legal Mother of the App	olicant	
Legal Name: First	Middle	Last	
Nickname	Name to include in the School I	Directory	
Home Address:	City	State	Zip
Home Telephone with Area Code _	E-ma	ail Address	
Cellular Telephone/Pager with Area	a Code Sc	cial Security Number	
Occupation	Place of Wor	'k	
Work Address:			
Work Telephone Number	Other Work	Contact Information	
Name of Church Natural Mother Att	ends (if any)		
Address:		Pastor's Name:	
Are you interested in learning more	about Calvary Lutheran Church?	□ Yes □ No	
Information About Other Ac	lults Such As Step-Parent(s), Legal Guardian	
Legal Name: First	Middle	Last	
Nickname	Name to include in the School I	Directory	
Relationship with the Applicant			· · · · · · · · · · · · · · · · · · ·
Home Address:	City	State	Zip
Home Telephone with Area Code _	E-ma	ail Address	
Cellular Telephone/Pager with Area	a Code So	cial Security Number	· · · · · · · · · · · · · · · · · · ·
Occupation	Place of Wo	'k	
Work Telephone Number	Other Work	Contact Information	
Name of Church Attended (if any) _			
Address:		Pastor's Name:	
Are you interested in learning more	about Calvary Lutheran Church?	□ Yes □ No	
Please attach to this form similar	information about other such p	ersons.	

To complete the application process, please do the following:

- > Attach to this application your check for the \$50 Application Fee. The Application Fee is not refundable.
- Provide a proper original birth certificate or other acceptable evidence of birth date. The school will make a copy of that document and return the original to you.
- > Signatures of all persons with legal responsibility for the child are required before acceptance of this application for admission into this school.
- Make your check payable to Calvary Lutheran School.
- For students entering 1st 8th grade, attach a copy of the most recent standardized test results (e.g. achievement test) and a copy of the most recent grade report.
- For students entering K-8th grade, a student assessment form must be received from the child's previous school to determine the child's behavior patterns and study skills before enrollment can be completed.
- Deliver this application, payment, and supporting documents to either of the following campus offices:

Wornall Campus

12411 Wornall Road Kansas City, MO 64145 (816) 595-4020 Fax (816) 595-4024

	I sup	port the Mission of this school:		
	cente	ary Lutheran School supports parents in fulfilling their ered environment where students are challenged, enco v spiritually, physically, academically, emotionally, and	uraged, and enabled	
		ee to abide by the policies and practices of this school ained and implemented by the school administrators.	as described in the	Family Handbook and
	To th	ne best of my knowledge, the information provided on t	his form is accurate	and true.
	I cert	tify that I am a parent with legal custody or a legal guar	dian of the child for	whom application is made.
	S	Signature	Date	
	S	Signature	Date	
Foi		Signature application, did you:	Date	
			Date	
□ `	r each	application, did you:		
_ ` _ `	r each Yes	application, did you: Attach the Application Fee?	;?	
_ ` _ `	r each Yes Yes	application, did you: Attach the Application Fee? Attach or deliver to the school office evidence of birth date	? ility for the child?	

Email Contact for Registration Questions: schooloffice@calvarykc.com

School Website: www.calvaryschoolkc.com

Request a completed student assessment from previous teacher?

□ Yes