

Family Information

Other Children in the Family:

Name _____ Present Grade and School _____

Name _____ Present Grade and School _____

Name _____ Present Grade and School _____

Paternal Grandparents: _____

Address _____ Phone _____

Maternal Grandparents: _____

Address _____ Phone _____

Relatives or Close Friends Who Are Mount Olive Alumni, Present Students, Trustees, or Faculty:

Name _____ Years Attended _____

Name _____ Years Attended _____

Name _____ Years Attended _____

Application for Admission

I hereby make application for admission of my child named above to enter _____ grade at Mount Olive Lutheran School for the _____ academic year. I understand that this application will permit the school to examine the scholastic record of my child, and it will in no way obligate me to the school or the school to me.

Parents' or Guardians' Signatures:

Signature Date Signature Date

Please Return This Completed Form To:

Principal
Mount Olive Lutheran School
5625 Franklin Ave
Des Moines, IA 50310

5625 Franklin Ave, Des Moines, Iowa 50310 • 515-277-0247 • www.molcs.org



MOUNT OLIVE LUTHERAN SCHOOL

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Application for Admission

Student Information

Student's Name _____
First Middle Last

Preferred Name or Nickname _____ Birthplace _____

Birthdate _____ Baptismal Birthdate _____
Month Day Year Month Day Year

Social Security # _____ Gender: Male _____ Female _____

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Home Email _____

Home Church _____

Student Academic Information

Present School _____ Years Attended _____ Current Grade _____

School Address _____ City _____ State _____ Zip _____

School Phone _____ Principal/School Head _____

Former School _____ Grades Attended _____

School Address _____ City _____ State _____ Zip _____

School Phone _____ Principal/School Head _____

Has the student skipped a grade? _____ Yes _____ No If yes, which one _____

Has the student repeated a grade? _____ Yes _____ No If yes, which one _____

Has the student participated in a gifted program? _____ Yes _____ No If yes, at what grade level _____

Has the student participated in a special learning program? _____ Yes _____ No

Has the student experienced learning difficulties in reading? _____ Yes _____ No

Has the student experienced learning difficulties in math? _____ Yes _____ No

Has the student experienced any discipline problems? _____ Yes _____ No

Has the student ever been suspended? _____ Yes _____ No

Is the student currently on medication? _____ Yes _____ No If yes, please explain _____

Is the student bilingual? _____ Yes _____ No If yes, what second language _____

Student Academic Information Continued

Does the student have any special needs? Yes No If yes, please describe them _____

Has academic ability or learning style assessment been done for your child outside the normal testing done in school? Yes No If yes, please indicate the date, give a brief description of the testing, and indicate where the test results are available. _____

What special academic abilities has the student demonstrated? _____

Please supply one academic reference who can speak to the learning profile of the student.

Name	Relationship to the Student
Contact Address and Phone Number	

Please use this space to add to your child's academic profile. Indicate strengths, special talents and passions.

Purposes For Application

Please comment on the reasons you are investigating Mount Olive Lutheran School as an educational option: *(Your response to the following question will help Mount Olive Lutheran School determine if its program can best serve the needs of the student).*

How were you referred to Mount Olive Lutheran School?

Friend Reputation Website Phonebook Open House Education Consultant
Mt. Olive School Community Member _____
Name

Parent Information

Father's Full Name _____
First Middle Last

Mother's Full Name _____
First Middle Last

Home Address (If Different from Student)

Home Address (If Different from Student)

Home Phone _____

Home Phone _____

Business/Employer _____

Business/Employer _____

Occupation/Position _____

Occupation/Position _____

Business Address _____

Business Address _____

Business Phone _____ Ext. _____

Business Phone _____ Ext. _____

Email _____

Email _____

Cell Phone _____

Cell Phone _____

Check If Appropriate:

Father Deceased Parents Separated Father Remarried Joint Custody **
 Mother Deceased Parents Divorced Mother Remarried Sole Custody **

** Documentation of Custody Agreements is Required

If father is remarried, stepmother's information

If mother is remarried, stepfather's information

Name _____

Name _____

Home Address _____

Home Address _____

Home Phone _____

Home Phone _____

With whom does the student live? _____

Financial responsibility will be assumed by _____

Do you intend to apply for financial aid? Yes No