



1738 Old Taneytown Road
Westminster, MD 21158
410-848-1050

Date: _____

School Year: 2008 – 2009

Enrollment of:
 New Student
 Returning Student

For Placement into: _____ Grade

FOR OFFICE USE ONLY	
Date Application Received:	_____
Registration Fee Received	_____
Ck # _____	Date _____
Letter Sent For Screening	_____
Acceptance Letter Sent	_____

Child's Full Name: _____ (_____)
Last First Middle Nickname

Address: _____

_____ Phone: _____
City State Zip (+4)

Previous School(s) attended (if new to Carroll Lutheran): _____
 Address: _____

CHILD'S DATA

Birth Date: _____ Age: _____ Sex: _____ U.S. Citizen? Yes No

Language other than English spoken at home: _____

Church/Sunday School Attending: _____

Talents and/or Special Interests: _____

Doctor's Name: _____ Phone: _____

In an emergency, if neither parent can be reached, please call our primary emergency contact:

Name: _____ Phone: _____ Relationship to child: _____

Name: _____ Phone: _____ Relationship to child: _____

FAMILY DATA

Father's Name: _____ Living with child? Yes No

Custodial Parent? Yes No* (*Legal custody papers required) Legal Guardian? Yes No* (*Proof of Guardianship required)

Address If Not Living With Child: _____ Phone: _____

Occupation: _____ Employer: _____ Business Phone: _____

Church Membership: _____ Pastor's Name: _____

Mother's Name: _____ Living with child? Yes No

Custodial Parent? Yes No* (*Legal custody papers required) Legal Guardian? Yes No* (*Proof of Guardianship required)

Address If Not Living With Child: _____ Phone: _____

Occupation: _____ Employer: _____ Business Phone: _____

Church Membership: _____ Pastor's Name: _____

EDUCATION BACKGROUND

- 1. Does your child have an identified reading or math disability? () Yes () No
- 2. If yes, do they have an IEP through the public school system? () Yes () No
If yes, what school? _____
- 3. Does your child have a 504 Plan through the public school system? () Yes () No
If yes, what school? _____
- 4. Has your child's past teacher(s) expressed any concern over your child's ability in reading or math?
If so, please explain _____

- 5. To your knowledge is your child working on grade level? _____
- 6. Do you as a parent have any concerns regarding your child's ability? If so, please briefly explain:

- 7. Are there any behavioral concerns regarding your child? If so, please briefly explain:

MEDICAL INFORMATION

- 1. Does your child have any medical conditions we should know about? () Yes () No
If yes, please explain _____
 - 2. Is your child on medication daily? () Yes () No
If yes, please tell us what the medication is _____
- All information remains confidential.

We, the parents, will forward a copy of our child's birth certificate, immunization data, and health records to the school. If this application is accepted, we agree to uphold all policies and standards as outlined in the handbook and promise to cooperate with the school's administration of them. We will support the school's endeavors to educate our child, pay tuition and fees promptly and in full, and accept our role as partners in the educational process.

Carroll 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, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship, athletic and other school administered programs.

The Board of Directors reserves the right to change admission and other policies at any time.

We have read and understand the above terms and conditions and accept them.

Parent Signature

Parent Signature

Parents Comments: _____

Siblings: Name _____ Date of Birth: _____
Name _____ Date of Birth: _____
Name _____ Date of Birth: _____