



Astoria Lutheran School

31-20 21st Avenue, Astoria, NY 11105
Tel. # (718) 721-4313 Fax # (718) 721-7662



Website: www.astorialutheranschool.com E-mail: info@astorialutheranschool.com

APPLICATION FOR REGISTRATION K – 8th 2019 - 2020

Child's Name: _____
(Please Print) Last First Middle

For Office Use only:

Applying for **Grade:** _____ **Hours: 8:30-2:30** ___ **After School: 2:30-4:00** or **2:30-6:00**
(If interested please circle desired time)

What **mode of transportation** will your child use to travel to and from school?
(check one) Walk _____ School Bus (K-6th) _____ Public Transportation _____ Car _____
(free yellow school bus service if eligible) (free metro card if eligible)

Date of Birth: ___/___/___ **Place of Birth** _____ **Gender: M F**
Month/Day/Year City State Circle one

Address: _____ **City:** _____ **Zip:** _____

Home Telephone # _____ **Social Security #** _____

Baptism or Dedication Date: _____ **Church:** _____

Church Where Child Attends: _____ **Address:** _____

Applicant is living with: (check one): Both Parents ___ Father Only ___ Mother Only ___
Father & Stepmother ___ Mother & Stepfather ___ Legal Guardian ___ Other: ___

If other, please identify _____

Mother's Name _____ **Maiden Name** _____

Mother's Address (if different than child's) _____

City _____ **State** _____ **Zip:** _____ **Home Tel.#** _____

Country of Birth: _____ **Church Affiliation:** _____

Occupation: _____ **Employer:** _____

Business Tel. # _____ **Cellular #** _____

E-mail Address (Please print clearly) _____

Father's Name _____

Father's Address (if different than child's) _____

City: _____ **State:** _____ **Zip:** _____ **Home Tel.#** _____

Country of Birth: _____ **Church Affiliation:** _____

Occupation: _____ **Employer:** _____

Business Tel. # _____ **Cellular #** _____

E-mail Address (Please print clearly) _____

OVER ➡

Brothers and Sisters of Applicant:

Name: _____ Date of Birth: _____

Month/Day/Year

Name: _____ Date of Birth: _____

Month/Day/Year

Name: _____ Date of Birth: _____

Month/Day/Year

Educational Background:

School currently attending: _____ Name of Principal/Director _____

School Address: _____ Telephone # _____

Please answer the following:

Has your child ever been evaluated for special services? **Yes / No** If yes, please explain: _____
Circle one

Has your child ever been retained? **Yes / No** Is your child presently receiving tutoring or other services? **Yes / No**
Circle one Circle one

If yes, please explain: _____

What do you consider to be some of your child's strengths and weaknesses _____

What are some of your child's special interests? _____

Does your child have any special medical condition such as asthma/allergies etc.? **Yes/No**
Circle one

If yes please explain: _____

Is there any other information you would like to share? _____

Other Information:

How did you learn about Astoria Lutheran School? Church ___ A parent ___ Other ___

If other, please specify _____

If referred by an Astoria Lutheran School parent, please print parent's name (print first and last): _____

In desiring to enroll my child, I agree to:

1. Participate in nurturing my child's faith life;
2. Abide by all school policies and support all school's programs;
3. Responsibly meet all financial obligations.

Parent/Guardian Signature: X Date: _____