



# Astoria Lutheran School

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



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## APPLICATION FOR REGISTRATION K – 8<sup>th</sup> 2022– 2023

**Child's Name:** \_\_\_\_\_  
(Please Print) Last First Middle

For Office Use Only:

Applying for **Grade:** \_\_\_\_\_ **Hours: 8:30-2:30** \_\_\_\_\_ **After School: 2:30-6:00** \_\_\_\_\_

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: \_\_\_\_\_