



# Astoria Lutheran School

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



Website: [www.astorialutheranschool.com](http://www.astorialutheranschool.com) E-mail: [info@astorialutheranschool.com](mailto:info@astorialutheranschool.com)

## APPLICATION FOR REGISTRATION 2023 – 2024 Kindergarten – 8<sup>th</sup> Grade

**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: \_\_\_\_\_