



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 2024 – 2025 Kindergarten – 8th 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: _____