



Student Information
Preschool through Grade 8



Welcome to Celebration Lutheran School!
The information on this form will help us get to know you and your child better.

STUDENT INFORMATION

Full legal name: _____
Last First Middle

Nickname (if any): _____

Home address: _____
Street City/State/ZIP

Home phone: _____

Gender: _____ Date of birth: _____ Age: _____ Place of birth: _____

Applying for grade:

_____ 3K half day* - Tuesday and Thursday 8:15 a.m.– 11:30 a.m.

_____ 3K full day* - Tuesday and Thursday 8:15 a.m.–3:30 p.m.

_____ 4K half day* - Monday–Friday 8:15 a.m.– 11:30 a.m.

_____ 4K full day* - Monday–Friday 8:15 a.m.–3:30 p.m..

_____ 5K Grade* - Monday–Friday 8:15 a.m.–3:30 p.m..

_____ Fill in Grade - 1st–8th Monday–Friday 8:15 a.m.–3:30 p.m.

Please check with option you would like for your child

**Children must be toilet-trained (including personal wiping) and turn 3, 4 or 5 by Sept. 1 to be eligible for 3K, 4K or 5K, respectively.*

SPIRITUAL INFORMATION

Has your child been baptized? Yes No Date _____

Name of church _____ City _____

How often does your family attend church? _____

Name of church _____ City _____

PERSONAL INFORMATION

School last attended: _____ City: _____

What race would you consider your child to be? (Required for government reporting only)

- White
- African American
- Multi-Ethnic
- Native American
- Asian
- Other _____

Has your child attended a nursery school or another program for preschoolers? Yes No

Has your child been asked to repeat a grade? Yes No
If yes, please explain.

Has your child received Title services from their home school district? Yes No
If yes, please explain.

Does your child have an IEP? Yes No
If yes, please explain.

Does your child have any vision, speech, hearing, or learning difficulties (ADD/ADHD, Asperger's, migraines, dyslexia, etc.)? Yes No
If yes, please explain.

Any allergies? Yes No

Any medications? Yes No For what?

Is your child able to use the restroom facilities independently? Yes No