

STUDENT INFORMATION



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

Full legal name:	<del> </del>				
Nickname (if any):	Last	First	Middle		
Home address:					
nome address.	Street	City/State/ZIP			
Home phone:					
Gender:	Gender: Date of birth:		Age: Place of birth:		
PPLYING FOR GRADE					
Please check which	option you would like	e for your child:			
3 Year Old 4 Year Old	  -	2 Day (T, TH)	3 Day (M, W, F)	5 Day (M-F)	
Pa	rtial Day 3K ONLY (8:15am-11:30am)				
	School Day (8:15am-3:30pm)				
	Extended Day (7:30am-5:30pm)				
*Children must k 3K, 4K or 5K, re	,	ersonal wiping) and turn	3, 4 or 5 by Sept. 1 to be eli	gible for	
5K — 8th	Fill in Grade -	Monday — Friday	8:15 a.m. — 3:30 p.r	n.	
PIRITUAL INFORMATION					
Has your child been	baptized? ☐ Yes	□ No Da	ate		
Name of church			_ City		
	r family attend churc				
	ch		City		

## PERSONAL INFORMATION

School last attended:			City:		
What race w	ould you consider your child	d to be? (Required for	government reporting o	only)	
	<ul><li>□ White</li><li>□ African American</li><li>□ Multi-Ethnic</li></ul>	<ul><li>□ Native American</li><li>□ Asian</li><li>□ Other</li></ul>			
Has your chi	for preschoolers?	□ Yes □ No			
Has your chi If yes, please	district?	□ Yes □ No			
Does your cl	nild have an IEP? e explain.			□ Yes □ No	
Does your cl (ADD/ADHD If yes, please	□ Yes □ No				
Any allergies	5?			□ Yes □ No	
Any medicat	ions? □ Yes □ No For w	/hat?			
Is your child	able to use the restroom fa	cilities independently?	<b>&gt;</b>	□ Yes □ No	