



**Hope Lutheran School
2008-2009 Application for Admission**

Child's Name _____ Nickname _____

Parent's Names _____ Child's Birth Date _____

Home Address _____ City _____ Zip _____

Home Phone _____ The student is male _____ female _____

Parent Work Phone Number: Mom _____ Dad _____

Email Address: Mom _____ Dad _____

Cell phone: Mom _____ Dad _____

Does your child have any special needs? If so, please describe. _____

Grade entering in the fall: (circle one)

Please note: September 1 is the cut off date for age requirements

PK3 full time PK3 part time PK4 full time PK4 part time

Kindergarten First Second Third Fourth Fifth



How did you hear about Hope Lutheran School and Preschool:

Please note: admission is granted on a space available basis. Returning the application does not guarantee a space.

(A non-refundable application fee of \$20.00 must accompany the application.)

Parent Signature _____

Office Use Only: Date and Time Received _____