

**APPLICATION FOR ENROLLMENT**

**REDEEMER LUTHERAN SCHOOL  
1000 PIONEER RD  
DELTA, CO  
970-874-3052  
FAX:**

**OFFICE USE ONLY**

Received Date : \_\_\_\_\_  
Interviewed by: \_\_\_\_\_  
Accepted/Refused (circle one)  
Grade: \_\_\_\_\_  
Entry Date: \_\_\_\_\_

**DATE OF APPLICATION:** \_\_\_\_\_

**To register your child(ren) you need to do the following:**

1. To apply for enrollment, please complete this form and return it (one for each child)
2. Children entering kindergarten must include a copy of the complete Colorado Immunization Form and a copy of their Birth Certificate.
3. After the application has been accepted, you may have to go through an interview with the Principal/Parish School Board Member.
4. Students may have to take a placement test to determine current grade level in core subjects.
5. Complete and sign an Enrollment Agreement Form.

**Please Print and fill in all the information below**

<b>Student Information: Section 1</b>				
Last Name	First Name	Middle Name		
Entering Grade	Gender: Male <input type="checkbox"/>	Female: <input type="checkbox"/>		
Resident Address	City	State	Zip	Phone
Mailing Address (If different than residence)				
Date of Birth	City	State		
Birth Name				

<b>Parent/Guardian Information: Section 2</b>
Who makes major educational decisions for the student?
Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other <input type="checkbox"/> (Specify) _____
1. Parent/Guardian Name: _____
Phone: _____ Address: _____ Relationship: _____
Other: _____ Employer: _____ Work Phone: _____
Email Address: _____
Present Church: _____
Marital Status: _____
2. Parent/Guardian Name: _____
Phone: _____ Address: _____ Relationship: _____
Other: _____ Employer: _____ Work Phone: _____
Email Address: _____
Present Church: _____
Marital Status: _____
If student does not live with parent/guardian, student lives with: Name _____
Phone: _____ Address: _____ Relationship: _____
List of names of brothers, sisters, and other children living in this home (please include age and present school if applicable):

**School Information: Section 3**

Please circle the Grade this application is for: **K 1 2 3 4 5**

(PLEASE NOTE: Your child must be (5) years old by August 1 to enter Kindergarten. NO EXCEPTIONS ARE ALLOWED). Please provide a copy of the Birth Certificate and Immunization Record with this application.

Please list previous schools attended, beginning with Pre-School or Kindergarten.

Was your child promoted at the end of his/her term      Yes       No

If no, please explain:

Has your child received special education services:      Yes       No

Has your child experienced academic problems at home or in previous schools, please summarize:

Has your child ever been expelled or not accepted for re-enrollment?      Yes       No

If yes, what grade/school:

Please Explain:

Has your child experienced health problems at home or in previous schools, please summarize.

If your child has experienced behavior problems at home or in previous schools, please summarize.

What do you feel are your child's strengths?

What do you feel are your child's weaknesses?

Give the chief reasons for enrolling your child in the Redeemer Lutheran School?

The members of Redeemer Lutheran School are committed to support their school. A family which joins this congregation or which enrolls a child in this school agrees to this commitment.

Do you agree to pay the set registration fee promptly?      Yes       No

If no, please explain:

We, parent and student, will READ the School Handbook and abide by the policies set forth in it.

\_\_\_\_\_ (please initial)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

We thank you for honoring us with the opportunity to serve your family's needs for a Christian education. Your child will be accepted for enrollment: a) availability; and b) if we feel we can meet the child's education needs. You will be notified as soon as possible.