

GRACE LUTHERAN HOMESCHOOL

APPLICATION FORM

PLEASE PRINT

Entry Date: _____
School Year: _____

Student's Legal Name: _____ Grade: _____
Last First Middle

Home Address: _____
City State Zip

Home Phone: (____) _____

Sex: Male Female Date of Birth: ____/____/____ Place of Birth: _____

Racial/Ethnic Category: White Black Hispanic Asian Native American Other: _____

Father's Name: _____ Phone: (____) _____
Last First Middle

Home Address: _____ Cell: (____) _____

Occupation: _____ Employer: _____ Work: (____) _____

Email Address: _____

Mother's Name: _____ Phone: (____) _____
Last First Middle

Home Address: _____ Cell: (____) _____

Occupation: _____ Employer: _____ Work: (____) _____

Email Address: _____

Where did you hear about Grace Lutheran? _____

- _____ Application Form
- _____ Fees for new family per year, \$250.00
- _____ Certified Birth Certificate
- _____ Certificate of Immunization ("Blue Card")
- _____ Social Security Card

Parent/Guardian Signature: _____ Date: _____