



School Year: \_\_\_\_\_

## APPLICATION FOR ADMISSION

### STUDENT INFORMATION

First Name: _____	Middle Name: _____	Last Name: _____
Age: _____	Birthday(m/d/y): _____	Baptism(m/d/y): _____
Gender: <input type="checkbox"/> female <input type="checkbox"/> male	Grade Enrolling: _____	

<input type="checkbox"/> Indian/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <b>Race:</b> <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> 2 or more races	<input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Hispanic <b>Ethnicity:</b>
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<b>Date Entered US</b> (if born outside of US): _____	<input type="checkbox"/> Not Limited <b>English Proficiency:</b> <input type="checkbox"/> Limited <input type="checkbox"/> Limited Monitored 1 <input type="checkbox"/> Limited Monitored 2
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<input type="checkbox"/> <b>Economic Disadvantaged</b> <i>if checked you MUST select a Food Services option</i>	<b>Food Service Eligibility survey</b> <input type="checkbox"/> Free <input type="checkbox"/> Full Price <input type="checkbox"/> Reduced Price <input type="checkbox"/> Unknown
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Parent/Guardian #1 (where student resides)* required	Parent/Guardian #2 <input type="checkbox"/> Address & home phone same as parent/guardian #1
Relationship: _____	Relationship: _____
Name: _____	Name: _____
Address: _____	Address: _____
City: _____	City: _____
Zip Code: _____	Zip Code: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell: _____
Cell Provider: _____	Cell Provider: _____
Email address: _____	Email Address: _____
Occupation: _____	Occupation: _____
Employer: _____	Employer: _____
Employer Address: _____	Employer Address: _____
Employer City: _____	Employer City: _____
Employer Zip Code: _____	Employer Zip Code: _____
Work Hours: _____	Work Hours: _____
Business Phone: _____	Business Phone: _____
Church Membership: _____	Church Membership: _____

**PLEASE COMPLETE BACK SIDE OF FORM** →

**PREVIOUS SCHOOL:** \_\_\_\_\_

Address \_\_\_\_\_

City, Zip Code \_\_\_\_\_

**Please sign this form and return it to the school office.**

\_\_\_\_\_  
Parent/Guardian Date

\_\_\_\_\_  
Parent/Guardian Date

### TRANSPORTATION REIMBURSEMENT

Some Elm Grove Lutheran students benefit from Wisconsin law, requiring bus service for private and parochial school students residing in districts that provide bus service to public schools. The following school districts offer transportation reimbursement:

- Waukesha (defined areas)
- Brookfield (defined areas)
- New Berlin (defined areas)
- Elm Grove

School District in which student lives: \_\_\_\_\_

The school office must submit a list of students to the school districts who provide transportation reimbursement. Once each school district receives the student list, families will receive a transportation contract to sign and return.

**For Office Use Only:**

- Fast Direct  Activity Code \_\_\_\_\_  Welcome info  E-Contacts  Classroom Teacher  Transportation  Finance TADS acct.
- Myhotlunchbox  Constant Contact  forms checklist  immunization  records request  choice  tuition  Registration fee