

# Returning Student Application for Admission

Christ Lutheran School  
760 Victoria Street  
Costa Mesa, 92627

PHONE: 949/548-6866  
FAX: 949/631-6224  
www.christcm.com



## Applicant(s) (Please list all children applying for admission):

Name (First) (Middle) (Last) Date of Birth Grade applying for Gender Current CLS Student (Y or N)

Name (First) (Middle) (Last) Date of Birth Grade applying for Gender Current CLS Student (Y or N)

Name (First) (Middle) (Last) Date of Birth Grade applying for Gender Current CLS Student (Y or N)

Address City State Zip

Home Phone Primary Residence With (Name):  Father  Mother  Both Parents  Guardian  Other

## Family Information

### Father/Guardian

(First) (Middle) (Last) E-Mail

Address (If different from applicant) City State Zip

Profession/Position Name of Firm/Company Work Phone

Address City State Zip

### Mother/Guardian

(First) (Middle) (Last) E-Mail

Address (If different from applicant) City State Zip

Profession/Position Name of Firm/Company Work Phone

Address City State Zip

Are both parents living? (Y or N) \_\_\_\_\_ Is child adopted? (Y or N) \_\_\_\_\_

Are there any family issues the school needs to be made aware of so we can better serve your children?

Are there any legal restrictions on visitation, custody, or guardianship that concern your children?

**Church Membership Information:**

Name of church where each parent is a member:

\_\_\_\_\_ (Father) \_\_\_\_\_ (Mother)

Sunday school child(ren) attends:

\_\_\_\_\_

We attend church:  Regularly  Occasionally  Rarely  We are not members of any church

**Baptism Information:**

Child's Name \_\_\_\_\_ Date Baptized \_\_\_\_\_ Name of Church \_\_\_\_\_

Child's Name \_\_\_\_\_ Date Baptized \_\_\_\_\_ Name of Church \_\_\_\_\_

Child's Name \_\_\_\_\_ Date Baptized \_\_\_\_\_ Name of Church \_\_\_\_\_

Student's Academic Strength? \_\_\_\_\_ Academic Weakness? \_\_\_\_\_

Has the student every been evaluated for: (If yes, please explain on a separate sheet)

- |   |     |                         |     |
|---|-----|-------------------------|-----|
| Y   | N   | Y                       | N   |
| ( )                                       | ( ) | ( )                     | ( ) |
| Learning Differences                      |     | Behavioral Problems     |     |
| ( ) ( ) Psychiatric/Psychosocial Problems |     | ( ) ( ) Visual Problems |     |
| ( ) ( ) Hearing Problems                  |     |                         |     |

Is there anything else we should know that would affect your child's education? \_\_\_\_\_

\_\_\_\_\_

*To apply for admission for my child(ren) for the 2010-2011 school year, I understand the Application for Admission must be returned with the **non-refundable** application fee of \$390 (\$340 for Early Enrollment) for each child in kindergarten through grade 8.*

*Member discount is based on member status at the beginning of the school year. It is expected parents who are not members of a Missouri Synod Lutheran Church (LCMS) will attend an orientation meeting Experience Life IN Christ. The purpose of the class is to explain Christian beliefs from a Lutheran perspective as taught at Christ Lutheran School.*

**Non-Discriminatory Policy:** Christ Lutheran School admits students of any race, color, and national origin and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color or national and ethnic origin in administration of its policies, admissions policies, scholarship program, and athletic and other school-administered programs.

**I hereby certify that the information on this application is accurate and complete and that inaccurate or incomplete information may result in non-acceptance or dismissal from school.**

\_\_\_\_\_  
Parent or Legal Guardian Signature \_\_\_\_\_ Print \_\_\_\_\_ Date