

Lord of Life Lutheran School
12021 Northaven Circle - Thornton, CO 80241
303-457-2408 – www.school.lordoflife.net



KINDERGARTEN - GRADE 8 REGISTRATION

For School year: 20____ - 20____ Today's Date: __/__/__

Grade Child will Enter (circle one): K (3 full days) K (5 full days) 1 2 3 4 5 6 7 8

Legal Name of Student _____ **Gender** _____
Last First Middle

Address _____
Street City Zip Code

Phone _____ **Birthdate** _____ **City of Birth** _____

Is Child Baptized? _____ **Church Where Baptized** _____

May we list the phone number and address listed under the student for a school directory: Y N

We occasionally use photographs of students in printed materials to promote our school. I give permission to Lord of Life Lutheran School to use my child's photograph in or on:

Y N Website www.school.lordoflife.net Y N Promotional Materials

Y N Lord of Life Facebook Page Y N School Yearbook

Please list all other siblings in the home:

Names _____ Ages _____

Father's/Legal Guardian's Name _____ **Living in same home as student?** Y N

Address (if different) _____
Street City Zip Code

Home Phone _____ **Cell Phone** _____

Email Address _____ **Receive Weekly School Emails:** Y N

Employer _____ **Position** _____ **Church Affiliation** _____

Mother's/Legal Guardian's Name _____ **Living in same home as student?** Y N

Address (if different) _____
Street City Zip Code

Home Phone _____ **Cell Phone** _____

Email Address _____ **Receive Weekly School Emails:** Y N

Employer _____ **Position** _____ **Church Affiliation** _____

Marital Status: ____ Married ____ Divorced ____ Separated ____ Single

If Mother has Remarried, to whom? _____ **If Father has Remarried, to whom?** _____

Name of Last School Attended _____ Grade _____ Phone _____
Address _____ City _____ Zip _____
Reason for Transfer _____

Why would you like to enroll your child at Lord of Life Lutheran School?

Has your child had serious difficulty in school thus far? (academic, behavioral, etc.)	Y	N
Does your child have any physical disability that might affect school life?	Y	N
Has your child ever been retained in a grade or promoted more than one level in a year?	Y	N

Please provide details for any "Yes" answers in the space below:

Please return this completed registration form with your child's most recent immunization record and \$50 non-refundable registration fee/ family.

Signature of Father/Legal Guardian _____ Date ____/____/____

Signature of Mother/Legal Guardian _____ Date ____/____/____