

# ATONEMENT LUTHERAN SCHOOL

6500 Riverside Drive, Metairie, LA 70003

504-887-0225

www.alcs.org

Date \_\_\_\_\_ Ltr. \_\_\_\_\_ B/C \_\_\_\_\_ Reg. Fee \_\_\_\_\_ Imm \_\_\_\_\_ Rec/Req \_\_\_\_\_

## FOR ELIGIBILITY, CHILD MUST BE TOILET TRAINED

CHILD: Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # \_\_\_\_\_ Cell Phone (optional) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Which Preschool Class? 3 yr. \_\_\_\_\_ 4 yr. \_\_\_\_\_ (child must be 3 years of age on or before September 30)

Please circle the number of days and ½ or full day options: 3 days or 5 days ½ or full

Baptized? Yes \_\_\_ No \_\_\_ Date \_\_\_\_\_ Church \_\_\_\_\_

Attends Sunday School Regularly? Y N (circle one)

Reasons for desiring enrollment in Atonement Lutheran School: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

GUARDIANS: Child resides with:

Both parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Step-mother \_\_\_\_\_ Step-father \_\_\_\_\_ \*Other \_\_\_\_\_

\* Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Who holds legal custody (attach legal documentation) \_\_\_\_\_

Father

Mother (include maiden name)

Name \_\_\_\_\_

Employer \_\_\_\_\_

Occupation \_\_\_\_\_

Work Phone \_\_\_\_\_

Church \_\_\_\_\_

Attends Regularly: Yes No

Attends Regularly: Yes No

Married \_\_\_\_\_

Divorced \_\_\_\_\_

Widowed \_\_\_\_\_

Single \_\_\_\_\_

SIBLINGS:	<u>Name</u>	<u>DOB</u>	<u>Grade</u>	<u>School</u>	<u>Resides with</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

Child's Doctor \_\_\_\_\_ Telephone \_\_\_\_\_

**MEDICAL HISTORY: Communicable Disease and Major Illness Record**

Chicken Pox \_\_\_\_\_ Fifth Disease \_\_\_\_\_ Measles \_\_\_\_\_  
 Hepatitis \_\_\_\_\_ Mumps \_\_\_\_\_ Scarlet Fever \_\_\_\_\_

List any other pertinent health care or emergency information \_\_\_\_\_  
 \_\_\_\_\_

Immunizations: New students please attach immunization record from your doctor or Health Department.

**Authorization for Publication:**

I give permission for Atonement Lutheran School to publish my address and phone number in a school directory for us by school families. Yes \_\_\_ No \_\_\_

**Tuition Payment:**

Plan 1 (annual) \_\_\_\_\_ Plan 2 (monthly) \_\_\_\_\_

\_\_\_\_\_  
 Father's Signature

\_\_\_\_\_  
 Mother's Signature