



**APPLICATION FOR ADMISSION**  
**GREEN PARK LUTHERAN SCHOOL**  
4248 GREEN PARK ROAD  
ST. LOUIS, MO 63125  
Phone (314) 544-4248 - Fax (314) 544-0237  
[www.greenparklutheralschool.org](http://www.greenparklutheralschool.org)

*It is the policy of Green Park Lutheran School that all information received regarding an applicant's admission will be treated with complete confidentiality. Only authorized school personnel have access to such information and then only to the extent that the information is relevant to admissions and placement decisions.*

**APPLICANT INFORMATION**

Applicant (full legal name) \_\_\_\_\_

\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_ Age \_\_\_\_\_ Date of Birth Preferred Name \_\_\_\_\_

Grade applying for: Kindergarten Half Day \_\_\_\_ Kindergarten Full Day \_\_\_\_  
1st Grade \_\_\_\_ 2nd Grade \_\_\_\_ Date of Baptism \_\_\_\_\_  
3rd Grade \_\_\_\_ 4th Grade \_\_\_\_ Month/Date/Year  
5th Grade \_\_\_\_ 6th Grade \_\_\_\_ Church \_\_\_\_\_  
7th Grade \_\_\_\_ 8th Grade \_\_\_\_

Home Address, City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Primary Family E-Mail \_\_\_\_\_

Public School District in which you reside \_\_\_\_\_

Ethnicity - Please indicate how you desire us to identify your child's racial or cultural heritage.

\_\_\_\_ African American \_\_\_\_ Hispanic \_\_\_\_ Pacific Islander  
\_\_\_\_ Asian American \_\_\_\_ Middle Eastern \_\_\_\_ Multi-Racial  
\_\_\_\_ Caucasian \_\_\_\_ Native American \_\_\_\_ Other (please specify) \_\_\_\_\_

Language (s) spoken at home (other than English) \_\_\_\_\_

**REASONS FOR APPLYING**

Current school \_\_\_\_\_ Grade (s) of attendance \_\_\_\_\_

School address \_\_\_\_\_

School phone \_\_\_\_\_ School fax \_\_\_\_\_ Principal \_\_\_\_\_

What other schools has your child attended?

School \_\_\_\_\_ Grade (s) \_\_\_\_\_

School \_\_\_\_\_ Grade (s) \_\_\_\_\_

Why do you desire for your child to transfer schools? \_\_\_\_\_

How did you hear about Green Park Lutheran School? (check all that apply)

- \_\_\_\_ Internet
- \_\_\_\_ Current/Former GPLS family \_\_\_\_\_
- \_\_\_\_ Church \_\_\_\_\_
- \_\_\_\_ Friend \_\_\_\_\_
- \_\_\_\_ Publication \_\_\_\_\_

Please list the GPLS families you know

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







**AUTHORIZATION FOR  
RELEASE OF STUDENT RECORDS  
TO GREEN PARK LUTHERAN SCHOOL**

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REGARDING \_\_\_\_\_  
Name of Student

STUDENT DATE OF BIRTH \_\_\_\_\_ (Month/Date/Year)

I hereby authorize

\_\_\_\_\_  
Name of current school

\_\_\_\_\_  
Current school's street address

\_\_\_\_\_  
Current school's city, state, zip code

\_\_\_\_\_  
School Telephone Number

\_\_\_\_\_  
School Fax Number

To release to Green Park Lutheran School all student records on file. These records should include, but not be limited to:

- ALL Report Cards
- ALL Standardized Test Results
- ALL additional testing done to determine learning/behavioral disabilities
- ALL immunization and health examinations (including vision/hearing screenings)
- ALL records that indicate any classroom modifications which will benefit the student

These records are necessary to determine eligibility for admission to Green Park Lutheran School. Thank you for your time and effort.

\_\_\_\_\_  
Parent's (or guardian's) signature

\_\_\_\_\_  
Street Address

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

\_\_\_\_\_  
Date

**Please mail student records to:**

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4248 Green Park Road • St. Louis, Missouri 63125 • 314-544-4248 • [greenparklutheralschool.org](http://greenparklutheralschool.org)