



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

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

APPLICANT ACADEMIC INFORMATION

Does your child have an Individualized Education Plan (IEP)? ___ yes ___ no

If your child has an IEP, please submit all documentation to the Director of Admissions prior to submitting an application for admission. After consultation with our Resource Room Teacher, we will notify you whether our school environment can meet the needs of your child. If it is determined that our academic program would be a good fit for your child, you may submit an application enrollment fee at that time.

Has your child ever been recommended for or received any academic tutoring or therapy (i.e., occupational, speech, physical, language, counseling?) ___ yes ___ no

If yes, please describe _____

Do **you, the parent**, have concerns for your child in any of the following areas (check all that apply)?

- inattentiveness behavior work habits
- hyperactivity socialization sensory issues
- written expression oral expression other (please specify) _____

Has your child ever skipped or repeated a grade? ___ yes ___ no

Has your child even been suspended or dismissed from a school? ___ yes ___ no

Has your child had any past medical events that may interfere with his/her learning (i.e., seizures, concussions, ear infections, etc.)? ___ yes ___ no If yes, please describe _____

Does your child have current medical conditions that may interfere with him/her fully participating in school?

___ yes ___ no

Please describe _____

Is your child currently taking any medications? ___ yes ___ no

If so, name of drug and dosage _____

FAMILY INFORMATION

MOTHER'S full name _____ Preferred name _____

Home address, city, state, zip _____

Home phone _____ Cell phone _____ E-mail _____

Occupation _____ Place of Employment _____

Work phone _____ Church Home _____

FATHER'S full name _____ Preferred name _____

Home address, city, state, zip _____

Home phone _____ Cell phone _____ E-mail _____

Occupation _____ Place of Employment _____

Work phone _____ Church Home _____

Parent's marital status (please check all that apply)

- Parents are married Parents are divorced Father deceased
- Parents are separated Father remarried Mother deceased
- Parents never married Mother remarried

With whom does the child live? _____

If applicant's parents are divorced, which parent has legal responsibility for custody of child?

___ father ___ mother School bills? ___ father ___ mother

If parents live at separate addresses, please indicate who should received correspondence?

Check one or both ___ father ___ mother



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

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:

4248 Green Park Road • St. Louis, Missouri 63125 • 314-544-4248 • greenparklutheralschool.org