

ADVENT LUTHERAN SCHOOL

Elementary/Middle School Division

300 East Yamato Boca Raton, Florida 33431

Phone: (561) 395-3631 Fax: (561) 750-3632 Website: www.adventschoolboca.org

APPLICATION FOR ADMISSION 2011-2012 SCHOOL YEAR

Advent Lutheran School admits and does not discriminate against students of any race, color, national and ethnic origin.

ENTERING GRADE: _____

STUDENT'S NAME: _____

(LAST)

(FIRST)

(MIDDLE)

HOME ADDRESS: _____

CITY: _____ STATE _____ ZIP CODE: _____

HOME PHONE: (_____) _____ BIRTH DATE _____

FATHER'S NAME _____ MOTHER'S NAME _____

OCCUPATION _____ OCCUPATION _____

WORK PHONE _____ WORK PHONE _____

CELL PHONE _____ CELL PHONE _____

EMAIL _____ EMAIL _____

STUDENT LIVING WITH:

BOTH PARENTS _____ FATHER ONLY _____ MOTHER ONLY _____ OTHER _____

PREVIOUS SCHOOL EXPERIENCE:

GRADE(S) _____ SCHOOL _____ CITY/STATE _____

GRADE(S) _____ SCHOOL _____ CITY/STATE _____

WHY ARE YOU PRESENTLY WITHDRAWING YOUR CHILD FROM HIS/HER CURRENT SCHOOL?

PHYSICAL DEFECTS OR ILLNESS WE SHOULD BE AWARE OF: (health problems, special medications, etc.)

I AM A MEMBER OF ADVENT LUTHERAN CHURCH: YES NO IF YES, # OF YEARS _____

MEMBER OF (CHURCH NAME) _____ NO PRESENT AFFILIATION

SIBLING NAMES

D.O.B.

NAME OF SCHOOL ATTENDING

How did you hear about Advent? _____

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

FOR OFFICE USE ONLY: Amt. Received \$ _____ Check No. _____ Cash _____