



# VALLEY LUTHERAN SCHOOL

2017-2018 STUDENT APPLICATION

4520 Rownd Street • Cedar Falls, IA 50613  
319-266-4565 • Fax 319-266-4054  
jamie.panning@vlscrusaders.org

## Student Information

STUDENT #1 \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade Entering: \_\_\_\_\_ Gender:  Male  Female

STUDENT #2 \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade Entering: \_\_\_\_\_ Gender:  Male  Female

STUDENT #3 \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade Entering: \_\_\_\_\_ Gender:  Male  Female

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

Home phone \_\_\_\_\_

Public School District: \_\_\_\_\_

Last school attended: \_\_\_\_\_

City/State of previous school: \_\_\_\_\_

Has your child ever been enrolled in or evaluated for special education services?  Yes  No

## Parent/Guardian Information

FATHER \_\_\_\_\_ Employer \_\_\_\_\_

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

Address (if different from student) \_\_\_\_\_

Email \_\_\_\_\_

MOTHER \_\_\_\_\_ Employer \_\_\_\_\_

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

Address (if different from student) \_\_\_\_\_

Email \_\_\_\_\_

PARENTAL STATUS  Married  Divorced  Unmarried  Guardian  Widow(er)

Parents Live Together  Yes  No (If "no", duplicate report cards, etc. should be sent to:  Mother  Father)

## Additional Student Information

Church Student Attends \_\_\_\_\_

Active Member  Yes  No      Baptized  Yes  No      Date of Baptism \_\_\_\_\_

Ethnic Origins  African-American  Asian  Caucasian  Hispanic  Native American

Identify those individuals who are authorized to pick up your child.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Number of Siblings \_\_\_\_\_

Name and Ages of Siblings

Name \_\_\_\_\_ Age \_\_\_\_\_ Gender  M  F      Name \_\_\_\_\_ Age \_\_\_\_\_ Gender  M  F

Name \_\_\_\_\_ Age \_\_\_\_\_ Gender  M  F      Name \_\_\_\_\_ Age \_\_\_\_\_ Gender  M  F

Name \_\_\_\_\_ Age \_\_\_\_\_ Gender  M  F      Name \_\_\_\_\_ Age \_\_\_\_\_ Gender  M  F

## Admissions Policy

Valley Lutheran School admits students of any race, sex, color, national and ethnic origin to all the rights and privileges, progress and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, sex, color, national and ethnic origin in administration of its educational policies and athletic or other school administered programs.

*Valley Lutheran reserves the right to determine the admission, enrollment and re-enrollment of its students at all times.*

## Parental Pledge of Support

We, the parents (primary care givers), pledge our full support and cooperation to the administration/faculty of Valley Lutheran School with regard to the work and conduct required of our child. We further pledge our support of Christian education in our home through our example and by worshiping regularly with our child. **We agree to make tuition payments on time and to promptly meet other financial obligations as they arise.** We will pay regularly for the ministry of Valley Lutheran School.

Father's Name \_\_\_\_\_ Date \_\_\_\_\_

Mother's Name \_\_\_\_\_ Date \_\_\_\_\_

Guardian's Name \_\_\_\_\_ Date \_\_\_\_\_

*Thank you for choosing Valley Lutheran School. May God bless your family as we work together to provide the foundation "where faith and knowledge grow as one."*

[www.vlscrusaders.org](http://www.vlscrusaders.org)

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