



2019-2020 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

Ethnic Origins: African American Asian Caucasian Hispanic Native American Other: _____

Church Student Attends: _____ Active Member: Yes No

Baptized: Yes No Date of Baptism: ____ / ____ / ____

STUDENT #2 _____
(Last) (First) (Middle)

Date of Birth: ____ / ____ / ____ Grade Entering: ____ Gender: Male Female

Ethnic Origins: African American Asian Caucasian Hispanic Native American Other: _____

Church Student Attends: _____ Active Member: Yes No

Baptized: Yes No Date of Baptism: ____ / ____ / ____

STUDENT #2 _____
(Last) (First) (Middle)

Date of Birth: ____ / ____ / ____ Grade Entering: ____ Gender: Male Female

Ethnic Origins: African American Asian Caucasian Hispanic Native American Other: _____

Church Student Attends: _____ Active Member: Yes No

Baptized: Yes No Date of Baptism: ____ / ____ / ____

Additional Student Information

Address _____ City _____ Zip _____

Home phone _____ Public School District: _____

Last school attended: _____ City/State of previous school: _____

Has any of your children, listed above, ever been enrolled in or evaluated for special education services? Yes No

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

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name and ages of non-school age siblings

Name _____ Age ____ Gender M F Name _____ Age ____ Gender M F

Name _____ Age ____ Gender M F Name _____ Age ____ Gender M F

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)

Church Student(s) Attend _____

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

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 pray 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

EST. 2002 BY THE EASTERN IOWA LUTHERAN HIGH SCHOOL ASSOCIATION