

Date Received: _____

Grace Lutheran Preschool Application

643 W. 13th Ave. Escondido, Ca 92025 ~ 760-745-0846 ext. 119

STUDENT PROFILE:

For School Year: _____

Last Name: _____ First: _____ Middle: _____

Date of Birth: _____ Place of Birth: _____ Male Female

Baptized: (Yes / No) Date of Baptism: _____

Student's Home Address: _____ Phone # () _____

City: _____ State: _____ Zip Code: _____

Parent Address (if different) _____ Name of Parent: _____

City: _____ State: _____ Zip Code: _____

Student resides primarily with: Father Mother Other _____

FAMILY PROFILE

FATHER:

Last Name _____

First _____

Address _____

Occupation _____

Company _____

Home Phone _____

Business Phone _____

Church Membership _____

Attendance: Regular, Occasional, Seldom

MOTHER:

Last Name _____

First _____

Address _____

Occupation _____

Company _____

Home Phone _____

Business Phone _____

Church Membership _____

Attendance: Regular, Occasional, Seldom

Name(s) of siblings _____ Age _____ Grade _____

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

Parent/Guardian Signature(s) _____ /Date