



# ENROLLMENT APPLICATION

315 South Hughes Street • Little Rock, Arkansas 72205  
Phone: 1.501.663.5212 Fax: 1.501.663.9542

Child's full name \_\_\_\_\_

Social Security # \_\_\_\_\_ Sex:  Male  Female  
Birth Date \_\_\_\_\_ Enrolling grade \_\_\_\_\_ Fall 20 \_\_\_\_  
Home Church \_\_\_\_\_ Pastor's name \_\_\_\_\_

### Parent/Primary Guardian Information:

Name(s) \_\_\_\_\_  
Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_

### Mother's:

Home phone \_\_\_\_\_  
Place of business \_\_\_\_\_  
Work phone \_\_\_\_\_  
Cell phone/Pager \_\_\_\_\_  
E-mail \_\_\_\_\_

### Father's:

Home phone \_\_\_\_\_  
Place of business \_\_\_\_\_  
Work phone \_\_\_\_\_  
Cell phone/Pager \_\_\_\_\_  
E-mail \_\_\_\_\_

### Parent's Marital Status:

Married  Divorced\*  Separated

\*If divorced, special arrangements: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Siblings:

Name	Grade	Birth Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Academic History:

Grade(s)	School name, city and state
_____	_____
_____	_____
_____	_____
_____	_____

**Miscellaneous information:**

Physical Challenges:  None

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Academic Challenges:  None

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Behavioral/emotional Challenges:  None

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Reason you would like to enroll: \_\_\_\_\_

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How did you hear about us? \_\_\_\_\_

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I understand that any registration payment, book fee, and tuition prepayment is non-refundable under any conditions except moving more than 30 miles from the Little Rock city limits.

\_\_\_\_\_  
*Parent Signature*

\_\_\_\_\_  
*Date*

**Non-Discriminatory Policy:** Christ Lutheran School admits students of any race, color, or national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students of the school. It does not discriminate on the basis of race, color, or national and ethnic origin in the administration of its educational policies, admissions policies, scholarship programs, athletic and other school administered programs.

OFFICE USE ONLY		
Date _____	Check # _____	Records provided:
Time _____	Amount _____	<input type="checkbox"/> Report Card
Registration:	Initial _____	<input type="checkbox"/> School records
<input type="checkbox"/> Paid <input type="checkbox"/> Not paid		<input type="checkbox"/> Parent Interview
		<input type="checkbox"/> Achievement Test
		<input type="checkbox"/> Entrance Test