

APPLICATION FOR ENROLLMENT

Bethany Lutheran School
2100 75th Street
Kenosha, WI 53143
(262)-654-3234

PLEASE READ THE PARENT HANDBOOK BEFORE FILLING OUT THE APPLICATION.

Student Information

Child's Name _____ Male ____ Female ____
Last First Middle

Street Address _____

City _____ State _____ Zip _____

Home Phone Number _____ Current Age _____

Date of Birth _____ Place of Birth _____

Baptized? __Y / N__ Church _____

School last attended _____
Name City State

Grade last completed _____ Grade applying for _____

Family Information

Guardian:

Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone Number _____

Occupation _____

Work Phone _____

Church Affiliation _____

Guardian:

Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone Number _____

Occupation _____

Work Phone _____

Church Affiliation _____

Reason for making application:

Church in which you actively participate and/or hold membership (if none, write "none")

Has your child had any difficulty in school thus far? _____

Has your child any physical disability? _____

Has your child ever been retained in a grade? _____

Has your child ever been promoted more than one grade in a year? _____

If your answer is yes to any of the last four questions, please explain fully on another sheet.

1. Do you agree to work with your child and provide encouragement in their educational and spiritual growth?

2. Do you agree to be supportive of the school, its teachers and its policies?

3. Do you agree to be prompt in making tuition and other school-related payments?

Agreement with the three preceding stipulations will lead to the next step in the application process, a visit with the principal to answer any questions that may still remain or need clarification.

Please contact the principal if you have questions about any of the items on this application.

Guardian's Signature _____ Date _____

Guardian's Signature _____ Date _____