



Luther Memorial School

www.luthermemorial.com

Applicants Name	Last	First	Middle	Name of School Now Attending
Name Usually Called				Present Grade
Applying For Grade	<input type="checkbox"/> Extended Day <input type="checkbox"/> Pre Kindergarten <input type="checkbox"/> 3 day <input type="checkbox"/> 5 day <input type="checkbox"/> Pre-K With Extended Day			Sex
Date of Birth	(MM/DD/YY)			
Home Address				Home Phone #
(City)	(State)	(ZIP)	SSN #	
Father's Name				Business Firm
Occupation / Title				Business Phone
Business Address				Cell Phone
(City)	(State)	(ZIP)	Email Address	
Mother's Name				Business Firm
Occupation / Title				Business Phone
Business Address				Cell Phone
(City)	(State)	(ZIP)	Email Address	
Are parents divorced or separated? _____				
If so, with whom does applicant live?			Who is the legal guardian?	
Who is responsible for finances?			For Permission	
Full Name and address of individual(s) to whom mail should be addressed (<i>please print</i>)				
Name				
Home Address				
(City)	(State)	(ZIP)		



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Give names of any close relatives who have attended Luther Memorial School:

Number of

Younger brothers: _____ Older brothers: _____ Younger Sisters: _____ Older Sisters: _____

Physician's name _____

Address _____ Phone # _____

(City) _____ (State) _____ (ZIP) _____

Is there any physical, emotional, or learning issue that needs consideration for your child's successful adjustment to school? If yes, please explain

Yes No

Has your child ever been tested for a learning problem or disability? If yes, please explain

Yes No

Are you a member of a local church? Yes No If yes, please list church name _____

Has the applicant been baptized? Yes No Would you like more information about the Lutheran Church? Yes No

May someone contact you? Yes No *(For informational purposes only. This does not affect admissions status).*

How did you initially hear about Luther Memorial School? _____

Please attach a recent picture of applicant.

A \$50.00 non-refundable application fee must accompany each application.

Signature of Parent or Guardian

Date

Signature of Parent or Guardian

Date

Admissions to Luther Memorial School are open to children of all races, creeds and ethnic backgrounds.



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Request For Release of Academic Records

Dear Parent: Please complete the upper portion of this form and give it to the appropriate official at the applicant's current school.

My child, _____, is an applicant for admission to Luther Memorial School. I authorize _____ to release his/her records to Luther Memorial School. (current school)

Signature of Parent or Guardian

Date

Dear Principal or School Counselor: This student has made application to **Luther Memorial School**. Please complete this form and provide a transcript of his/her grades for the current year to date and the two previous years (if applicable). Please include the results of all standardized testing. Please keep a copy of the parent's release on file so that we may request first term and final grades where applicable.

Information may be mailed to

Admissions Director

Luther Memorial School

1301 Robin Hood Rd

Richmond VA, 23227.

This form will NOT become a part of the applicant's permanent record. Thank you for your assistance.

Name of School: _____

Phone: _____

Principal/Headmaster: _____

Public Private

Address: _____

Please rate the applicant with regard to general conduct:

Excellent Good Typical Fair Poor

Has it ever been necessary to suspend or expel the applicant? Yes No

If yes, please explain.

Has the applicant ever been diagnosed as learning disabled?

Yes No

Has the applicant demonstrated good study and work habits at your school?

Yes No

Is this student's academic record a reliable index of his/her potential?

Yes No

How do you rate the applicant's academic potential?

Excellent Above Average Average Below Average Poor

Do you recommend this student?

Strongly Recommend Yes With reservation No

Please use the back page to indicate any strengths or weaknesses that we should consider and to add any additional comments that will be helpful in evaluating this applicant.

Signature

Title

Date