



Luther Memorial School

www.luthermemorial.com

Applicants Name _____ Name of School
Last First Middle Now Attending _____

Name Usually Called _____ Present Grade _____ Sex _____

Applying For Grade _____ Extended Day ☐ Pre Kindergarten ☐ 3 day ☐ 5 day Pre-K With Extended Day ☐

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 (*please print*)

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
(For informational purposes only. This does not affect admissions status).

May someone contact you? ☐ Yes ☐ No

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.

1301 Robin Hood Road,
Richmond Va 23227
(804) 321-6420



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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