



Does your child have a current Individual Education Program (IEP) for Special Education?  Yes  No

Has your child ever had an Individual Education Program (IEP) for special education consideration?  Yes  No

Comments: \_\_\_\_\_

Pupil's Previous School: \_\_\_\_\_ Telephone: \_\_\_\_\_

School Address: \_\_\_\_\_ Grade finished or in progress: \_\_\_\_\_  
Street City State Zip

Has applicant ever skipped a grade:  Yes  No If yes, what grade: \_\_\_\_\_

Has applicant ever repeated a grade:  Yes  No If yes, what grade: \_\_\_\_\_

Dates of attendance: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Public School District in which you live: \_\_\_\_\_

Has applicant ever received disciplinary censure at school or from community?  Yes  No

School suspension?  Yes  No Expelled?  Yes  No Asked to withdraw by school?  Yes  No

Past discipline explained: \_\_\_\_\_

Are this child's parents alumni of LSA?  Yes  No Graduation Year? \_\_\_\_\_

Name: \_\_\_\_\_

**EMERGENCY/MEDICAL INFORMATION:** In case of emergency please list your family physical and preferred hospital along with emergency contact (someone that does NOT reside at your address):

We give our consent for the school to use its own judgment in securing medical aid and ambulance service in case the parents cannot be reached:  Yes  No

The school may apply first aid treatment until the family can be contacted:  Yes  No

Family Physician: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Preferred Hospital:  St. Mary's  DMH Known Allergies/Medical Conditions: \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**READ CAREFULLY AND SIGN AS INDICATED:** *We understand that LSA reserves the right to cancel the registration of any student at any time for reason of deficiency in scholarship, unsatisfactory conduct, or failure to meet tuition payments. Students with previous school issues in academics, attendance, or behavior will be asked to re-interview with the principal prior to acceptance. I agree to accept all the policy and financial regulations of the Lutheran School Association.*

Signature of Father/Guardian: \_\_\_\_\_ Signature of Mother/Guardian: \_\_\_\_\_

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_