

Salem Lutheran School

Application for Admission 2010-2011 Academic Term

Registration Date _____

Start Date _____ Grad. _____

New _____ Returning _____ from Salem Early Childhood _____

Student Name	M/F	Grade Going Into	D.O.B.	Baptized?	Previous School

Family #1 (with whom student lives)

Home Address: _____

City: _____ State: _____ Zip: _____ Home Phone: (____) _____

County: _____ School District: _____ Subdivision: _____

Father Stepfather Other _____

Mother Stepmother Other _____

Title: _____ First Name: _____

Title: _____ First Name: _____

Last Name: _____

Last Name: _____

Employer: _____

Employer: _____

Position: _____

Position: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

E-mail: _____

E-mail: _____

- Responsible for:
- school related decisions
 - school communications
 - financial bills
 - do not publish email

- Responsible for:
- school related decisions
 - school communications
 - financial bills
 - do not publish email

Family #2 (non-custodial parent)

Home Address: _____

City: _____ State: _____ Zip: _____ Home Phone: (____) _____

Father Stepfather Other _____

Mother Stepmother Other _____

Title: _____ First Name: _____

Title: _____ First Name: _____

Last Name: _____

Last Name: _____

Employer: _____

Employer: _____

Position: _____

Position: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

E-mail: _____

E-mail: _____

- Responsible for:
- school related decisions
 - school communications
 - financial bills
 - do not publish email
 - duplicate mailings

- Responsible for:
- school related decisions
 - school communications
 - financial bills
 - do not publish email

Family Church Membership Information

Name of Church: _____

Denomination: _____

Our family holds membership in several churches (please explain): _____

Emergency Contacts (if Family #1 contacts cannot be reached):

Person to call next:

Name and relationship to child: _____

Home Phone:(____) _____ Cell Phone:(____) _____

Person to call next:

Name and relationship to child: _____

Home Phone:(____) _____ Cell Phone:(____) _____

Doctor: _____ Telephone: (____) _____

Health Insurance Provider: _____

Policy Number: _____ Telephone: (____) _____

Please use the space below for any other pertinent information about the student or family situation that would assist us in meeting our shared commitment to your child.

How did you hear about Salem Lutheran School?

- from my current school from a friend/relative from my church
- from a sibling from the website from an ad we received in the mail
- from a newspaper/magazine ad (which one)? _____
- other _____

Please return this application to:

Salem Lutheran School
 22601 Lutheran Church Road
 Tomball, Texas 77377
 www.salemlutheran.com
 (281) 351-8223
 (281) 290-1240 (fax)