

**CENTRAL LUTHERAN SCHOOL**

1400 Elm St. New Haven, IN 46774 (260) 493-2502

**ENROLLMENT FORM**

**OFFICE USE ONLY:**

Deposit Received:

Start Date:

STN:

Family #

Edulog:

Child: \_\_\_\_\_ Name Used: \_\_\_\_\_  
*Last First Middle*

Address: \_\_\_\_\_  
*City State Zip Code*

Phone: \_\_\_\_\_ Child's Social Security Number: \_\_\_\_\_

Applying for Grade \_\_\_\_\_ Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex \_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Nationality: \_\_\_\_\_

Baptized: Y N Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Adoption: \_\_\_\_/\_\_\_\_/\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Child Lives With: \_\_\_\_\_

Other Children in Family (Give name and date of birth):

- 1. \_\_\_\_\_ 2. \_\_\_\_\_
- 3. \_\_\_\_\_ 4. \_\_\_\_\_

Church Membership: \_\_\_\_\_ Pastor: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Concerns: \_\_\_\_\_

Babysitter's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Previous School: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Will your child be riding EACS bus? \_\_\_\_\_ Will your child be riding Central's bus? \_\_\_\_\_  
*(Central's bus does not pick up students living within the EACS district.)*

Reason for Enrolling at Central Lutheran: \_\_\_\_\_

Does your child have any special needs? \_\_\_\_\_

At previous school, has your child been in any special programs? Y N

Explain: \_\_\_\_\_

How did you learn about our school? \_\_\_\_\_