



# HOLY CROSS LUTHERAN SCHOOL

600 N. Greenwich, Wichita, KS 67206 Ph. 316-684-4431  
Website: www.lovemyschool.net

## ENROLLMENT APPLICATION

Preschool / Jr. Kdg. Enrollment fee: \$100 K-8 Enrollment Fee: \$250, Testing fee: \$40  
(Non-refundable fees)

Application/Testing

& Enrollment Fees

Paid \_\_\_\_\_

Date: \_\_\_\_\_

Ck#: \_\_\_\_\_

### APPLICANT

Name: Last \_\_\_\_\_ First \_\_\_\_\_ (Preferred) \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Current Grade \_\_\_\_\_ Desired Grade \_\_\_\_\_ Desired Start Date \_\_\_\_\_

Previous School \_\_\_\_\_ Address \_\_\_\_\_

Grades Attended \_\_\_\_\_ Dates \_\_\_\_\_ Reason for Transfer \_\_\_\_\_

Student's Race: \_\_\_ Native Amer. \_\_\_ Asian \_\_\_ Black or African \_\_\_ Native Hawaiian \_\_\_ White Hispanic? \_\_\_yes \_\_\_no

Church Affiliation \_\_\_\_\_ Student Baptized \_\_\_yes \_\_\_no Date of Baptism \_\_\_\_\_

### PARENTS / GUARDIANS

**Parent /Guardian #1** Relationship to Child \_\_\_\_\_ Mailing title: \_\_\_\_\_

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Preferred Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

[If Different from Applicant]

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_ Work Phone \_\_\_\_\_

Church Affiliation \_\_\_\_\_ Denomination \_\_\_\_\_

Marital Status \_\_\_\_\_ Spouse's Name \_\_\_\_\_

**Parent / Guardian #2** Relationship to Child \_\_\_\_\_ Mailing Title: \_\_\_\_\_

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Preferred Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

[If Different from Applicant]

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_ Work Phone \_\_\_\_\_

Church Affiliation \_\_\_\_\_ Denomination \_\_\_\_\_

Marital Status \_\_\_\_\_ Spouse's Name \_\_\_\_\_

## SIBLINGS

Name \_\_\_\_\_ Age \_\_\_\_\_ School Attending \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_ School Attending \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_ School Attending \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_ School Attending \_\_\_\_\_

## SPECIAL NEEDS

Please list below any special academic, medical or personal needs of the child.

---

---

---

---

## PLEDGE

The parent/guardian pledges to:

\_\_\_\_\_ Regularly attend worship services of my choice and model Christian values in the home.

\_\_\_\_\_ Positively support all of the school's programs and endeavors.

\_\_\_\_\_ Resolve all matters of dispute with the school in a Christian way by bringing concerns and questions to the attention of the teacher and / or principal in order to peaceably resolve the matter rather than spread the complaint throughout the community.

\_\_\_\_\_ Pay the required fees and tuition of the school.

\_\_\_\_\_ Provide the school with all required medical forms and records.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

### Policy of Non-Discrimination

Holy Cross Lutheran School admits students without regard to race, gender, color, ancestry and national origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, gender, color, ancestry, or national origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic or other school-administered programs.

### AGE REQUIREMENTS

Preschool Three-Year-Olds	Must be 3 by Aug. 31 of the school year or pass developmental screening.*
Preschool Four-Year-Olds	Must be 4 by Aug. 31 of the school year or pass developmental screening.*
Junior Kindergarten	Must be 5 by Dec. 31 of the school year or pass developmental screening.*
Kindergarten	Must be 5 by Aug. 31 of the school year.

\* Please schedule with the office.