



**CONCORDIA LUTHERAN SCHOOL**

6700 B Westbank Expressway  
Marrero, Louisiana 70072  
Phone: 347-4155 Fax: 348-9345

<b>For Office Use Only:</b> Appl: Cash/Ck. # _____ Dtd. _____
Application # _____ Accept: Cash/Ck. # _____ Dtd. _____
Student Fee Cash/Check # _____ Dtd. _____
Wait'g: Cash/Ck. # _____ Dtd. _____

**2017 - 2018 APPLICATION FOR ADMISSION** (Application Fee Must Accompany This Form)

\_\_\_\_\_  
GRADE ENTERING CHILD'S DATE OF BIRTH AGE CHILD'S SOCIAL SECURITY #

\_\_\_\_\_  
CHILD'S LAST NAME CHILD'S FIRST NAME CHILD'S MIDDLE NAME

\_\_\_\_\_  
CHILD'S STREET ADDRESS CITY STATE ZIP CODE  
(\_\_\_\_\_) PLACE OF BIRTH (City & State) ADOPTED (Yes / No)  
CHILD'S HOME NUMBER  
.....

*(Please circle the appropriate one for State & Federal purposes only)*

CHILD'S SEX (circle one) MALE FEMALE ETHNICITY (circle one) Hispanic Non-Hispanic

RACE (circle one) Am. Indian Asian Black Native Hawaiian/Pacific Islander White Two or more races

CHILD'S RELIGION: \_\_\_\_\_ CHURCH ATTENDING: \_\_\_\_\_

LAST SCHOOL ATTENDED: \_\_\_\_\_  
School City State Zip Code

Other children in the family:

NAME	SEX	DATE OF BIRTH	SCHOOL ATTENDING
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CHILD LIVES WITH (circle one) Both Parents Mother Father Other \_\_\_\_\_

**APPLICANT BACKGROUND**

(If answers are YES, please explain)

- Has the applicant ever been in a remedial or resource program?  YES  NO \_\_\_\_\_
- Has the applicant ever had an educational evaluation?  YES  NO \_\_\_\_\_
- Has the applicant ever had a psychological evaluation?  YES  NO \_\_\_\_\_
- Has the applicant ever applied to Concordia Lutheran School?  YES  NO \_\_\_\_\_
- Has the applicant ever been put on probation at any school?  YES  NO \_\_\_\_\_
- Has the applicant ever been suspended at any school?  YES  NO \_\_\_\_\_
- Has the applicant ever been dismissed from any school?  YES  NO \_\_\_\_\_

If either a psychological or educational evaluation has been made, a copy of it should accompany this form.

How did you hear about Concordia Lutheran School? \_\_\_\_\_

PARENT/GUARDIAN INFORMATION

MOTHER'S LAST NAME	MOTHER'S FIRST NAME	MAIDEN NAME
DATE OF BIRTH	SOCIAL SECURITY #	HOME PHONE NUMBER
	( )	( )
		CELL PHONE NUMBER

ADDRESS (if different from child) (Street) (City) (State) (Zip)	DRIVER'S STATE & LICENSE#
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PLACE OF EMPLOYMENT	OCCUPATION	WORK PHONE NUMBER
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EMAIL ADDRESS: \_\_\_\_\_ RELIGION: \_\_\_\_\_  
 (Please circle appropriate one for State & Federal purposes only)  
**Race** (circle one) Am. Indian Asian Black Native Hawaiian/Pacific Islander White Two or more races  
**Ethnicity** (circle one) Hispanic Non-Hispanic  
 .....

FATHER'S LAST NAME	FATHER'S FIRST NAME	FATHER'S MIDDLE NAME
DATE OF BIRTH	SOCIAL SECURITY #	HOME PHONE NUMBER
	( )	( )
		CELL PHONE NUMBER

ADDRESS (if different from child) (Street) (City) (State) (Zip)	DRIVER'S STATE & LICENSE#
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PLACE OF EMPLOYMENT	OCCUPATION	WORK PHONE NUMBER
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EMAIL ADDRESS: \_\_\_\_\_ RELIGION: \_\_\_\_\_  
 (Please circle appropriate one for State & Federal purposes only)  
**Race** (circle one) Am. Indian Asian Black Native Hawaiian/Pacific Islander White Two or more races  
**Ethnicity** (circle one) Hispanic Non-Hispanic  
 .....

IN CASE OF EMERGENCY NOTIFY:

NAME	RELATION TO STUDENT	HOME PHONE	WORK PHONE	CELL PHONE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

The natural parents to the child applying are: circle one) Married Separated Divorced Never Married  
 IF NOT MARRIED PLEASE ANSWER THE FOLLOWING:  
 Who has custody of the child applying? \_\_\_\_\_  
 Person's Name with whom does the child reside \_\_\_\_\_ Relationship to child \_\_\_\_\_  
 \*\*Please provide a copy of the most current custody order with seal, if applicable.

**\*\*The application will not be reviewed until all documents are turned in\*\***

LOUISIANA STATE LAW requires that all immunizations be up to date and on file in the school office.  
 Students entering **sixth grade** must provide satisfactory evidence of current immunizations against meningococcal disease.

For office use only: _____ Birth Certificate _____ Current Immunization Record _____ Social Security Card _____ Copy of Standard testing, report cards, evaluation forms
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The APPLICATION FEE of \$150.00 must accompany the "APPLICATION FOR ADMISSION" form in order to be considered for registration. This APPLICATION FEE of \$150.00 is NON-REFUNDABLE. Upon notification of acceptance, the STUDENT FEE of \$300.00 is due and payable. This fee covers insurance, textbooks, workbooks, and lockers. This fee of \$300.00 is payable within thirty (30) days of notification of acceptance. Your child will be placed at the end of the WAITING LIST and will not be assured of a position in a classroom, unless this STUDENT FEE is received within thirty (30) days after the date of acceptance. The APPLICATION FEE and STUDENT FEE are to be paid directly to the school office.

I promise to promptly pay the tuition of \$4,700.00 and the following fees per year:

- 1) \$300.00 Student Fee (per student)
- 2) \$100.00 Building Fee (per family) due August 3, 2017
- 3) \$50.00 PTL Fee, (per family) & \$35.00 Party Fee (per student) due by August 3, 2017
- 4) (20) SERVICE HOURS (at equivalent of \$15.00/hr.), or \$300.00 assessment (per family)

NOTE: Service Hours will include any voluntary action performed by the family on behalf of Concordia.

**\*\*THESE FEES ARE NON-REFUNDABLE, WITH THE EXCEPTION OF TUITION.\*\***

The three (3) methods available for tuition payments are: (Check One)

- \_\_\_\_\_ 1) Payment in full by August 3, 2017.
- \_\_\_\_\_ 2) Payment In two installments: 1/2 tuition payment by August 3, 2017 and 1/2 tuition payment by January 16, 2018.
- \_\_\_\_\_ 3) Finance tuition through First Bank & Trust at a rate of 8% simple interest - 10 payments beginning July 1, 2017 and continuing through April 1, 2018.

\$100.00 of the Student fee may be refunded, if all 3 of the following conditions are met:

- 1) The fee is paid before June 5, 2017 or within two (2) weeks of registration, whichever is later.
- 2) The school is notified, in writing, of withdrawal by August 1, 2017 or within two weeks of registration, whichever is later.
- 3) A Withdrawal Form is secured from the school office, completed, and returned by August 1, 2017 or within 2 weeks of registration, whichever is later.

If all financial obligations have not been met by the end of the school term, the final report card and all student records will be withheld.

By affixing my signature below, I hereby apply for admission to Concordia Lutheran School on behalf of my child and, also, signify that I will comply with all policies of Concordia Lutheran School.

\_\_\_\_\_ DATE \_\_\_\_\_ SIGNATURE OF PARENT/GUARDAN

.....  
 Discount to Good Shepherd & Trinity Lutheran Church Families: In order for families to participate in the Discount to Good Shepherd and Trinity Lutheran Church Families program, the following membership statement must accompany the student's registration. You must have your Pastor or Congregation President authorize the following: \_\_\_\_\_ family is presently active, participating members of \_\_\_\_\_ Lutheran Church, thus entitling them to the Good Shepherd and Trinity Lutheran Church Discount at Concordia Lutheran School.

Date \_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_



## Parent Authorization for Release of School Records

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

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

This form will be submitted to the school where records/confidential information are presently on file. To assist in the prompt and efficient transfer of your child's educational records, please provide all of the information requested below.

Name of School: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

I authorize records to be released to:

**Concordia Lutheran School  
6700B Westbank Expressway  
Marrero, LA 70072**

School Phone: (504)347-4155 School Fax Number: (504)348-9345

Please send or fax records for the above student. The parent or legal guardian of the student listed above has authorized release of student's records. Thank you for your prompt attention to this request.

Thank you,

Jacqueline H. Daniilidis

Parent or Legal Guardian Name: \_\_\_\_\_  
(Print Name)

Parent or Legal Guardian Signature: \_\_\_\_\_

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

\_\_\_\_\_