

Risen Christ Lutheran School

Enrollment / Re-enrollment Application K – Grade 8

10595 N Kings Hwy, Myrtle Beach, SC 29572 843-272-8163

STUDENT INFORMATION (ADDRESS TO WHICH ALL MAIL IS TO BE SENT)

Name:		Enrolling in GRADE:	
STREET:	CITY:	STATE:	ZIP:
PHONE:	Date of Birth:		Gender:
STUDENT SOCIAL SECURITY #:			
EMAIL:			
STUDENT CHURCH MEMBERSHIP:		DENOMINATION: <i>Pastor's Name</i>	
BAPTISM / DEDICATION DATE:		LIST ADDRESS IN SCHOOL DIRECTORY? Y N (circle)	
		LIST PHONE IN SCHOOL DIRECTORY? Y N (circle)	

FATHER'S / Guardian NAME:

HOME PHONE:	BUSINESS PHONE:
OCCUPATION / TITLE:	Company:
CHURCH MEMBERSHIP:	

MOTHER'S / Guardian NAME:

HOME PHONE:	BUSINESS PHONE:
OCCUPATION / TITLE:	Company:
CHURCH MEMBERSHIP:	

<p><i>Allow photo's in all school and public publications? Y or N</i> Please circle school and public if you agree</p>	WITH WHOM DOES STUDENT LIVE:
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PARENT NAME(S) FOR DIRECTORY: _____

SIBLING INFORMATION:

Name	Gender	Birthday

REFERRAL:

How did you hear about Risen Christ Lutheran School:
_____?

Who can we thank for referring you to our school _____

PERSONS PERMITTED TO PICK UP STUDENT OTHER THAN PARENTS/ GUARDIANS LISTED ABOVE

NAME	NAME	NAME
RELATION	RELATION	RELATION

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Education Information:

School attended last _____ How long _____

Address: _____ Principal _____

City/State/Zip: _____ Phone _____

Fax #: _____ Reason for leaving _____

Has your child ever been involved in a remedial class? _____ Subject _____

Has your child ever been involved with a tutor? _____ Subject: _____

Has your child ever been involved in an advanced class? _____ Subject _____

Has your child experienced any discipline/conduct problems in relation to school suspensions, school expulsion, grade retention, promotions, etc. _____ If yes please explain _____

Does your child have any special visual, hearing, motor, or other type physiological or psychological difficulty of which we should be aware to most effectively educate your child? _____

Does your child have any specific allergies? _____ Is your child on any special medication? Please elaborate _____

Is there any specific difficulty your child is experiencing at school? _____

The above information is true and factual to the best of my/our knowledge. I/we understand that misrepresentation of the student's past record may be considered grounds for dismissal. I/we give permission for administrative officials of Risen Christ Lutheran School to contact previous schools to verify the above and to discuss the student's academic, disciplinary and attendance record. I/we hereby obligate myself/ourselves to meet the charges for tuition and fees when due. In consideration for the enrollment of my/our son/daughter to Risen Christ Lutheran School, I/we agree to pay the published tuition for his/her enrollment as a condition precedent to the school's release of my /our son's/daughter's grades each semester. I/we further understand that my/our failure to meet the tuition obligation may mean termination of my/our child's enrollment at Risen Christ Lutheran School. By signing this application I (we) agree to the financial obligations and understand that all families are required to participate in some of the selected family fund raising activities.

Father/Guardian

Mother/Guardian

Date