

## Admission Checklist

Christ Lutheran School, 1592 SE Floresta Dr., Port St. Lucie, FL 34983 (772) 879-1353

### Submit

1. Complete Application Package
2. Copy of Birth Certificate
3. Copy of Social Security Card
4. Most Recent Report Card or Progress Report
5. \$100 non-refundable application fee per student

### Family Interview and Placement Testing if Required

A family meeting is required for any new family seeking enrollment. If placement testing is required, it must be completed before a student is enrolled.

### Uniforms

Uniforms are required and may be purchased at [www.frenchtoast.com](http://www.frenchtoast.com) using school code QS5UY1G.

### Financial Agreement

Once a student has been accepted, a Financial Agreement Statement will be presented and signed.

### Submit Health Records

No student will be admitted to class without turning in a *Florida Certification of Immunization - DH680* form and a *School Entry Health Exam - DH3040* form.



## Application for Admission: Christ Lutheran School

Instructions: Please print neatly. Complete one application per family. For siblings please see the Sibling Registration Forms at the end of this packet. Do not leave any fields blank. Use N/A for any items that do not apply to your personal situation.

### A: STUDENT INFORMATION

Applying for Grade \_\_\_\_\_ for the 20\_\_\_\_ - 20\_\_\_\_ school year.

Student Name:

\_\_\_\_\_  
(First) (Middle) (Last) Jr. II III

☐ Male ☐ Female Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number \_\_\_\_-\_\_\_\_-\_\_\_\_

Home Address \_\_\_\_\_  
(Street) (City) (Zip)

Student Mobile Number (\_\_\_\_) \_\_\_\_\_

U.S. Citizen? ☐ Yes ☐ No Student Email \_\_\_\_\_

Church Membership \_\_\_\_\_  
(Name of Church)

Is your child Baptized? ☐ Yes ☐ No

To inquire about Baptism or Church Membership, please contact Rev. Michael Dale at (772) 879-1839 or by email at [revmdale@christportstlucie.org](mailto:revmdale@christportstlucie.org).

### B: PARENTAL INFORMATION

Parents are:

<input type="checkbox"/> Married	<input type="checkbox"/> Legal Guardian
<input type="checkbox"/> Separated	<input type="checkbox"/> One Deceased
<input type="checkbox"/> Divorced	<input type="checkbox"/> Other (Explain) : _____
<input type="checkbox"/> Never Married	_____

Living situation:

Student lives with (check all that apply)

<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Stepfather	<input type="checkbox"/> Stepmother
<input type="checkbox"/> Grandmother	<input type="checkbox"/> Grandfather	<input type="checkbox"/> Other _____	

Who is financially responsible? \_\_\_\_\_

Who is the legal guardian? \_\_\_\_\_

**Parent/Guardian 1:**

☐Mr. ☐Mrs. ☐Ms. ☐Miss \_\_\_\_\_

Mobile Number (\_\_\_\_)\_\_\_\_\_ Email\_\_\_\_\_

Address\_\_\_\_\_

Employer\_\_\_\_\_ Phone(\_\_\_\_)\_\_\_\_\_

Relationship to student \_\_\_\_\_

**Parent/Guardian 2:**

☐Mr. ☐Mrs. ☐Ms. ☐Miss \_\_\_\_\_

Mobile Number (\_\_\_\_)\_\_\_\_\_ Email\_\_\_\_\_

Address\_\_\_\_\_

Employer\_\_\_\_\_ Phone(\_\_\_\_)\_\_\_\_\_

Relationship to student \_\_\_\_\_

Who may Christ Lutheran School correspond with?

- ☐ Parent/Guardian1
- ☐ Parent/Guardian 2
- ☐ Both

In the event that Christ Lutheran School needs to contact you, please list who should be contacted first and provide the phone number. \_\_\_\_\_

**C: BACKGROUND INFORMATION**

1. Please share how you learned about Christ Lutheran School?

\_\_\_\_\_

2. Please list the school your child most recently attended.

Name\_\_\_\_\_ City\_\_\_\_\_ State\_\_\_\_\_

3. Is your child ☐right handed or ☐left handed?

4. Has your child ever skipped or repeated a grade? If yes, please explain.

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5. Does your child have a history of violent behavior in school? If yes, please explain.

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6. Please list allergies, special medical or dietary needs, or other areas of concern.

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7. Does your child have an IEP, 504 or service plan?

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8. Does your child see a privately funded therapist that will be seeing them at school?

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9. Is your child baptized?

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#### **D: FINANCIAL INFORMATION**

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Please complete this section only if your child is a McKay, Gardiner, or Step Up For Students scholar.

☐ My child is a McKay scholar. Please provide a copy of the McKay Student Intent Form.

What is the learning exceptionality that made your child McKay eligible? \_\_\_\_\_

Please provide the applicant parent's Social Security Number. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

☐ My child is Gardiner scholar.

What is the learning exceptionality that made your child Gardiner eligible? \_\_\_\_\_

☐ My child is a Step Up For Students scholar. Please provide the Award Letter from Step Up For Students.

#### **E: RELEASE AND STATEMENT OF COOPERATION**

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**I/We the undersigned, agree that the information furnished on this Admission Application is true. I give Christ Lutheran School permission for my child to participate in all school activities, including bus trips, car trips, sports activities, and school-sponsored off-campus field trips. I also give permission for my child's teacher or other agent of the school to make and enforce classroom regulations in a manner consistent with Christian principles and discipline as set forth in the Scriptures. Lastly, in the event that my child's picture appears in a photo or video, I give permission for release in any promotional communication.**

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Parent/Guardian Signature

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Date

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Parent/Guardian Signature

---

Date

## F: TRANSCRIPT RELEASE AUTHORIZATION

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I, the undersigned, authorize the release of the requested information to Christ Lutheran School.

Student Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

The above named student is applying for admission to Christ Lutheran School, Port St. Lucie, FL. Please forward the following information:

- ☐ Current and past grade reports
- ☐ Standardized test scores
- ☐ IEP Information
- ☐ Attendance Information
- ☐ Discipline Information
- ☐ Immunization Form DH 680 or DH 681
- ☐ Physical Form DH 3040

Please fax the information to (772) 879-1705, or mail to:

Christ Lutheran School  
1592 SE Floresta Dr.  
Port St. Lucie, FL 34983

Please call (772) 879-1353 with any questions or concerns. Thank you.

## SCHOOL DISMISSAL FORM:

Christ Lutheran School will not dismiss my child(ren) to anyone other than those listed below. If the person picking up my child from school is not known to the school staff, they will be required to show picture identification. Please provide the name and the relationship to the family/child(ren).

1.	_____	_____
	Name and relationship	Phone
2.	_____	_____
	Name and relationship	Phone
3.	_____	_____
	Name and relationship	Phone
4.	_____	_____
	Name and relationship	Phone
5.	_____	_____
	Name and relationship	Phone
6.	_____	_____
	Name and relationship	Phone
7.	_____	_____
	Name and relationship	Phone
8.	_____	_____
	Name and relationship	Phone
9.	_____	_____
	Name and relationship	Phone
10.	_____	_____
	Name and relationship	Phone
11.	_____	_____
	Name and relationship	Phone
12.	_____	_____
	Name and relationship	Phone

Please sign and date below:

_____	_____
Signature	Date

Sibling Registration Information:

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(First) (Middle) (Last) Jr. II III

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Home Address \_\_\_\_\_  
(Street) (City) (Zip)

Student Mobile Number (\_\_\_\_) \_\_\_\_\_

Church Membership \_\_\_\_\_  
(Name of Church)

U.S. Citizen? ☐ Yes ☐ No Student Email \_\_\_\_\_

Please list allergies, special medical or dietary needs, or other areas of concern.

\_\_\_\_\_  
\_\_\_\_\_

Living situation:

Student lives with (check all that apply)

☐ Father ☐ Mother ☐ Stepfather ☐ Stepmother  
☐ Grandmother ☐ Grandfather ☐ Other \_\_\_\_\_

Who is financially responsible? \_\_\_\_\_

Who is the legal guardian? \_\_\_\_\_



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\_\_\_\_\_

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☐ Grandmother ☐ Grandfather ☐ Other \_\_\_\_\_

Who is financially responsible? \_\_\_\_\_

Who is the legal guardian? \_\_\_\_\_

If your child receives private pay therapy please fill out the following

## Therapy Information Sheet

Child's Name: \_\_\_\_\_

Child's Grade \_\_\_\_\_

Company Name: \_\_\_\_\_

Name of Therapist: \_\_\_\_\_

How often will the therapist see your child? \_\_\_\_\_

I will notify the school of any changes in my child's therapy.

Print Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

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

