

APPLICATION DATE: \_\_\_\_\_  
ENROLLMENT DATE: \_\_\_\_\_

**ST. STEPHENS LUTHERAN SCHOOL**  
**2304 SPRINGS ROAD**  
**HICKORY, NORTH CAROLINA 28601**  
**TELEPHONE: (828) 256-2166**  
**E-MAIL: [school@sslcms.org](mailto:school@sslcms.org) WEBSITE: [sslswarriors.org](http://sslswarriors.org)**

**APPLICATION FOR INITIAL ENROLLMENT**  
**FOR SCHOOL YEAR \_\_\_\_\_ - \_\_\_\_\_**

**STUDENT'S PERSONAL INFORMATION**

Name: \_\_\_\_\_ Entering Grade: \_\_\_\_\_  
(Last) (First) (Middle) (Nickname)

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

Telephone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
Permission to publish Telephone #, Cell Phone #, and E-Mail Address in School Directory: Yes\_\_\_ No\_\_\_

Date of Birth: \_\_\_\_\_ City & State of Birth \_\_\_\_\_

Social Security #: \_\_\_\_\_ Sex: \_\_\_Male \_\_\_Female

**FAMILY INFORMATION**

Student Lives With: \_\_\_Both Parents \_\_\_One Parent \_\_\_Parent & Step-Parent \_\_\_Other (Please Specify)

Status of Parents: \_\_\_Married \_\_\_Separated \_\_\_Divorced \_\_\_Mother Deceased \_\_\_Father Deceased

Names & Birth Dates of Brothers & Sisters: \_\_\_\_\_

Father's Name: \_\_\_\_\_  
(Last) (First) (Middle) Occupation

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_  
(Last) (First) (Middle) Occupation

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

If student is adopted, year of adoption: \_\_\_\_\_ Does the student know? \_\_\_Yes \_\_\_No

**CHURCH INFORMATION**

Church Student Attends: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Father's Church Membership: \_\_\_\_\_ Pastor: \_\_\_\_\_

Mother's Church Membership: \_\_\_\_\_ Pastor: \_\_\_\_\_

Baptism Date: \_\_\_\_\_ Baptizing Congregation: \_\_\_\_\_  
City/State: \_\_\_\_\_

**ACADEMIC INFORMATION**

School from which you intend to transfer: \_\_\_\_\_

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

Grade last completed: \_\_\_\_\_ (If mid-year, grade currently enrolled \_\_\_\_\_.)

\* Please include a copy of your child's last report card and end-of-year tests results.

Estimate quality of work which your child had done in school during the past year:

Excellent                      Good                      Medium                      Poor

Comment: \_\_\_\_\_

Estimate the kind of effort which your child has put into school work during the past year:

Excellent                      Good                      Medium                      Poor

Comments: \_\_\_\_\_

Describe the level of cooperation which your child has given the teacher(s) during the past year:

Excellent                      Good                      Medium                      Poor

Comments: \_\_\_\_\_

If your child has ever been tested for a specific learning disability, please specify when and what were the results:

\_\_\_\_\_

If your child has ever been enrolled in any special education classes (i.e. SLD, speech, gifted, etc.), please specify:

\_\_\_\_\_

If your child was in an SLD or speech class, has he/she completed this course of study?    \_\_\_Yes    \_\_\_No

Comments: \_\_\_\_\_

Please share any special school successes or difficulties your child has incurred:

\_\_\_\_\_

Please describe how this child feels about himself/herself as a person: \_\_\_\_\_

\_\_\_\_\_

**HEALTH & EMERGENCY INFORMATION**

Name of Emergency Contact Other than Parent: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ (Home) \_\_\_\_\_ (Work)

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_ Hospital Preference: \_\_\_\_\_

Please list any health problems which could affect your child's school work: \_\_\_\_\_

\_\_\_\_\_

**AGREEMENT**

I agree to accept all the regulations and pay all required fees of St. Stephens Lutheran School on behalf of my child.

Signature(s) of Parent(s): \_\_\_\_\_ Date: \_\_\_\_\_

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

\*\*\* THIS APPLICATION IS VALID FOR ONE YEAR FROM APPLICATION DATE \*\*\*