

## 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)

Phone (\_\_\_\_) \_\_\_\_\_ Alt. Phone (\_\_\_\_) \_\_\_\_\_

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

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

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

### B: PARENTAL INFORMATION

Student lives with?

☐ Father & Mother ☐ Father and Stepmother ☐ Mother and Stepfather ☐ Father ☐ Mother

☐ Guardian- please provide relationship \_\_\_\_\_

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss \_\_\_\_\_

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

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

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss \_\_\_\_\_

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

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

Please explain any custody issues and provide pertinent court documents

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

Use this section only to list a separated /divorced/non-custodial parent that may have contact from Christ Lutheran School.

☐Mr. ☐Mrs. ☐Ms. ☐Miss \_\_\_\_\_

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

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

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

☐Mr. ☐Mrs. ☐Ms. ☐Miss \_\_\_\_\_

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

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

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

### C: BACKGROUND INFORMATION

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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.

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

### 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

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Date

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## 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.

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

Please sign and date below:

_____	_____
Signature	Date

Sibling Registration Information:

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

Phone (\_\_\_\_) \_\_\_\_\_ Alt. Phone (\_\_\_\_) \_\_\_\_\_

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

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

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