



The **Lutheran School** of Flushing & Bayside

36-01 Bell Boulevard, Bayside, NY 11361

www.LSFB.org

Tel (718) 225-5502

info@lsfb.org

Fax (718) 225-7446

Re-Enrollment Application

20__ -20__

(To be completed and submitted with the \$150.00 Registration Fee.)

Student Information

Re-Enrollment Date: _____ 20__ -20__ Grade: _____

Student Name: _____ Male: ___ Female: ___
(Last) (First) (Middle)

(# and Street) (Apt. #) (City) (State) (Zip Code)

Date of Birth: _____

Parent(s)/Guardian(s) Information - Please fill out completely.

Name 1: _____ Relationship to Student: _____
(Last) (First) (M.I.)

Cell Phone: _____ Work Phone/Ext: _____

Email: _____ Home Phone: _____

Name 2: _____ Relationship to Student: _____
(Last) (First) (M.I.)

Cell Phone: _____ Work Phone/Ext: _____

Email: _____

I understand all rules concerning behavior, student policy, tuition and release of transcripts remain the same from the previous year unless notified by the school that change has been made.

Parent's Signature: _____

Date: _____