



The Lutheran School

of Flushing & Bayside

Application for Admission

Application / Testing Fee

An application / testing fee of \$150.00 must accompany this application. the application / testing fee is non-refundable. please make checks payable to the Lutheran School of Flushing & Bayside.

Please print all information. (Incomplete applications cannot be processed.)

Date of Application: _____

Entering Grade:

Nursery 5-Days AM Nursery 5-Days Full UPK Full Day Kindergarten
1st 2nd 3rd 4th 5th 6th 7th 8th

Personal Information

Student's Last Name: _____ Student's First

Name: _____

Age: _____ Date of Birth: ___ / ___ / ___ Sex: M F Country of Birth: _____

Address: _____
Street City Zip

Home Phone #: _____ Family Email Address: _____

Has applicant applied to LSF&B before? Yes No if yes, when? _____

Father's Name: _____ Mother's Name: _____

Business/Firm: _____ Business/Firm: _____

Business Address: _____ Business Address: _____

Occupation & Title: _____ Occupation & Title: _____

Business Phone: _____ Business

Phone: _____

Email Address: _____ Email Address: _____

Cell phone: _____ Cell phone: _____

College Attended: _____ College Attended: _____

Student resides with: Mother/Father Mother Father Stepparent Grandparent(s) Others

Please provide the following information about additional children in your family, and indicate if/when they will apply for future admission to LSF&B.

Name: _____ Date of Birth: _____ Current School: _____

Current Grade: _____ Grade will apply for LSF&B: _____

Name: _____ Date of Birth: _____ Current School: _____

Current Grade: _____ Grade will apply for LSF&B: _____

Name of Present School _____

Attending: _____

School Address: _____

Current Grade: _____ Years Attend: _____ School phone: _____ Fax: _____

Name of Former School: _____

Address: _____ Phone: _____

Your child will be expected to attend religious courses and weekly chapel.

Please tell us about your child

Has your child had any social or behavioral problems at school or home? Yes No

if so, please indicate: _____

Have you ever considered a gifted or talented program for your child? Yes No

Please indicate any information about any counseling your child had received in the past two years.

Does your child have a learning disability or special educational, health, or physical need? Yes No

Photo Publicity Release

I, _____, Hereby authorize the Lutheran School of Flushing & Bayside to record my child's picture, voice and likeness in photograph, films, video or other media during and in connection with the education or participation in school activities or events, and to use the child's picture, voice or likeness on the school website and social networks.

Parent/Guardian Consent

I am parent or legal guardian of the minor named above. I have the legal right to consent to and do consent to the terms and condition of this release.

Parent/Guardian Signature: _____ Date: ____/____/____

Father's Signature: _____ Mother's Signature: _____

How did you hear about our school?
