



Kindergarten Enrollment Form

Holy Cross Lutheran School
3425 Crescent Avenue
Fort Wayne, Indiana 46805
Phone: (260) 483-3173

Student # _____
Date: _____
CHECK AMOUNT:
CHECK NUMBER:
CASH AMOUNT:

Application for Enrollment Kindergarten

Student's Personal Information:

Application Date: _____

Name _____

Current School Yr. _____ Grade _____
Last First Middle

Address _____ IN _____

Telephone (260) _____
House Number Street City Zip

Date of Birth _____ City & State of Birth _____

Sex: Male Female Baptism Date _____ Baptizing
Congregation _____

Ethnic Group: White Black American Indian/Eskimo Asian/Pacific Islander
Hispanic Other _____

Present School District _____

Language spoken in
home _____

Family Information:

Student Lives With: Both Parents Mother Father Mother & Step Father Father
& Step Mother Other _____

Status of Parents: Married Separated Divorced Mother Deceased Father
Deceased

Name & Birth Date of Brothers &
Sisters _____

(Optional) If student is adopted: Year of adoption _____
Does Student Know? Yes No

Father's Name _____



First Middle Last Occupation
Father's Address if not the same _____

House Number Street City
Zip _____

Employer _____
Work Phone _____

E-Mail Address _____

Mother's Name _____

First Middle Last
Occupation _____

Mother's Address if not the same _____

House Number Street City
Zip _____

E-Mail Address _____

Employer _____
Work Phone _____

EMERGENCY CONTACT INFORMATION

Contact #1: Name _____ Phone # _____

Relationship _____

Contact #2: Name _____ Phone # _____

Relationship _____

Academic Information: (Omit if child does not have previous school experience)



School from which you intend to transfer: _____

Address: _____

Phone: _____
Street Number Street City State Zip

Grade last completed _____ (if mid-year, what grade presently enrolled in? _____)

Does your child have an IEP? Yes No What Subject? _____

Estimate Quality of Work which your child has done in school during past year: Excellent Good Medium Poor

Estimate the Kind of Effort which your child has put into school work during past years: Excellent Good Medium Poor

Describe the Level of Cooperation which your child has given the teacher(s) : Excellent Good Medium Poor

Please share any special school successes or difficulties the student has incurred: _____

Health Information:

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

Name of Family Physician: _____ Phone Number: _____

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



Other Information:

Who/What caused you to choose this school? _____

What are your reasons for enrolling your child in this school? _____

Membership Information

_____ ***Member of Holy Cross Lutheran Church***
_____ ***Non - Member / Member of*** _____

_____ ***Interested in membership classes.***

Signature(s) of Parent(s) _____
Date _____