

**Application for Enrollment**  
**Risen Christ Lutheran School**  
 10595 Hwy 17N Myrtle Beach, SC 29572  
 (843)272-8163  
**PLEASE TYPE OR PRINT**

Entering Grade: (Please Circle)	
PreK 3	2 3 5 Days
PreK4	2 3 5 Days
Kindergarten	
Gr:	1 2 3 4 5 6 7 8
School Year: _____	

Child's Name: \_\_\_\_\_  
Last First Middle  
 Gender: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Birth Place: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Family Name: \_\_\_\_\_ Father: \_\_\_\_\_ Mother: \_\_\_\_\_  
 With whom does the child live? \_\_\_\_\_

**PHONE INFORMATION:** Home Phone: \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_  
 Father's Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Pager: \_\_\_\_\_  
 Mother's Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Pager: \_\_\_\_\_

**EMPLOYMENT INFORMATION:**  
 Father's/Guardian's Occupation \_\_\_\_\_ Mother's/Guardian Occupation: \_\_\_\_\_  
 Company: \_\_\_\_\_ Company: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_  
 Social Security No.: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

**RESPONSIBLE PARTY INFORMATION:** (Please indicate the individual to contact concerning financial matters.)  
 Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 Zip: \_\_\_\_\_

**CHECK ALL THAT APPLY:**

Child: Is Adopted \_\_\_\_\_ ( Does Child know of adoption? YES NO )  
 Is Baptized \_\_\_\_\_ Attends Church \_\_\_\_\_ Attends Sunday School \_\_\_\_\_  
 Parents are: Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ (If so, year \_\_\_\_\_)

**OTHER CHILDREN LIVING AT HOME:**

Full Name	Birthdate	Gender	Fullname	Birthdate	Gender

(OVER)

**CHURCH INFORMATION:**

Family Church Affiliation/Denomination: \_\_\_\_\_ Home Church: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you interested in:

\_\_\_\_\_ Learning more about the Lutheran Church? \_\_\_\_\_ A call by the pastor?

\_\_\_\_\_ Having a child baptized?

**TRANSPORTATION:**

Who is authorized to pick up your child?

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

**EXTENDED CARE SERVICES:**

Will you be using the extended care services? YES NO If yes, please complete the following:

Regularly \_\_\_\_\_ Occasionally \_\_\_\_\_ Which days?(Please circle) M T W Th F

**EDUCATIONAL INFORMATION:**

Last school attended: \_\_\_\_\_ How long? \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Reasons for leaving: \_\_\_\_\_

How did you hear about Risen Christ? \_\_\_\_\_

**BRIEFLY STATE YOUR REASONS FOR WANTING TO SEND YOUR CHILD TO RISEN CHRIST LUTHERAN SCHOOL:**

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

Has your child ever been involved in a remedial class? \_\_\_\_\_ Subjects: \_\_\_\_\_

Has your child ever been involved with a tutor? \_\_\_\_\_ Subjects: \_\_\_\_\_

Has your child ever been involved in an advanced class? \_\_\_\_\_ Subjects: \_\_\_\_\_

Has your child experienced any discipline/conduct problems in relation to school suspensions, school expulsion, grade retention, promotions, etc? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, circle which ones.

Does your child have any special visual, hearing, motor, or other type of physiological or psychological difficulty of which we should be aware to most effectively educate your child? \_\_\_\_\_

Does your child have any specific allergies? \_\_\_\_\_

Is your child on any special medication? Please elaborate. \_\_\_\_\_

\_\_\_\_\_

Is there any specific difficulty your child is experiencing at school? \_\_\_\_\_

\_\_\_\_\_

We, the undersigned, do hereby certify this information to be complete and factual.

\_\_\_\_\_  
Father/Guardian

\_\_\_\_\_  
Mother/Guardian