application

lowa Great Lakes Lutheran School

Legal Name of Pupil_				*		
Last			first		middle	
Nickname (if used)		√lale	Female	_ Social Security #		
Address:				Telephone #		
Street	į .	city		zip		
EMAIL Address:						
Birth Date:	ict Student Resides in					
Place of Birth:						
Name and Location of	Home Church:_					
Date & Place of baptis	m					
Father's Name				Birth Date:		
OccupationEmployer				Home Phor	ne:	
Address if different from above Wo					e:	
Mother's Name				Birth Date:		
OccupationEmployer				Home Phoi	ne:	
Address if different from above Work Phone:						
Parents are:marrie	edseparate	d	divorced			
Does student live with parents? If not, with whom?						
Is above named perso	n legal guardian	? <i>!</i>	Address	Pho	one	
Brothers & sisters (with age & grade next year)						
Additional information	n about this stude	ent:				
			- 4			
	Record	of Previ	ious Education E	Experiences		
Date	Name & Locati	ame & Location		Description	Description	
24						
I wish to have my child		a Great	Lakes Lutheran	School to assist me in	providing him/her	
with a Christian educa	tion		45			
Date:			Parent Signat	ure		