



Application for Enrollment
 Zion Lutheran School
 1001 West 223rd Street
 Torrance, CA 90502



Student Information

Name: _____ Age: _____ DOB: ___/___/___
First Middle Last

Address: _____ Phone: (____)____-____
Street City State Zip

Last School Attended: _____
Name City State

Last Grade Completed: _____ Grade Applying For: _____ Baptized? _____

Background Information

Does your child have, or have had in the past....

Difficulty in school: _____ Behavioral problems: _____

Physical, Mental, or Emotional disabilities: _____ Recent serious illness: _____

Been retained a grade level: _____ Promoted a grade level: _____

Please explain: _____

Parent / Guardian Information

FATHER

MOTHER

Name: _____ Name: _____

Occupation: _____ Occupation: _____

Siblings and ages: _____

Church Affiliation: _____ Address: _____

Are you an active, participating member? _____

Do you consent to taking informational classes about Zion Lutheran Church? _____

All children enrolled at Zion Lutheran School are expected to attend services regularly at either their home congregation or at Zion Lutheran.

Father's Signature: _____ Date ___/___/___

Mother's Signature: _____ Date ___/___/___