



Admissions Application 2021-2022

Student Name: _____ Date of Application: _____

Date of Birth: _____ Place of Birth _____ Date of Baptism (if applicable): _____
(City, State, Country)

Applying for Grade: PS3 PS4 K 1st 2nd 3rd 4th 5th 6th 7th 8th

If Applying for PS3/4, please indicate which days and release:

Half Days (8:30-11:30 AM) Full Days (8:30 AM-2:45 PM)
 Mondays Tuesdays Wednesdays Thursdays Fridays Full-Time (Every Day)

INSTRUCTIONS:

Parent or guardian must complete and sign this form along with the following items:

1. \$100.00 non-refundable application fee
2. Copy of state issued birth certificate
3. Copy of immunization records or exemption certificate
4. Copy of most recent report card (for grades 1st – 8th)
5. Copy of standardized test scores (if applicable)

Please submit a separate application and fee for each child seeking admission. Send or drop off completed applications to:

Grace Lutheran School
Attention: Admissions
1815 East 9800 South
Sandy, UT 84092

Student Information

_____ Male Female
Student's Full Legal Name Preferred Name:

_____ City State Zip Code
Mailing Address

_____ Public School District Student Resides Language(s) Spoken in Home
School Currently Attending

Is the Student Hispanic/Latino? No Yes

Please choose one of the following, if the student is multi-ethnic, please choose multiple answers. Is the student:
 White Black or African American Asian Pacific Islander or Hawaiian American Indian or Alaska Native

Aside from current school, other schools attended since Kindergarten:

School	City/State	Grades Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

Student's Religious Affiliation _____ Name of Church _____

Pediatrician _____ Pediatrician's Phone Number _____

Mother/Guardian

First Name Last Name

Spouse's Name (if different from father listed)

Home Street Address (if different than student)

City State Zip

Home Phone Cell Phone

Email Address

Occupation Employer

Religious Affiliation Name of Church

Highest Degree Earned College/University

Father/Guardian

First Name Last Name

Spouse's Name (if different from mother listed)

Home Street Address (if different than student)

City State Zip

Home Phone Cell Phone

Email Address

Occupation Employer

Religious Affiliation Name of Church

Highest Degree Earned College/University

Family Information

Student primarily lives with.... Mother & Father listed above Parents are divorced or separated,
student lives with _____

Are there restrictions regarding custody? _____ (If yes, court records must be submitted.)

Siblings to the Student:

Name	2020-21 Grade	Current School
_____	_____	_____
_____	_____	_____
_____	_____	_____

Student's Maternal Grandparents

Names

Address

City State Zip

Email Address

Phone

Student's Paternal Grandparents

Names

Address

City State Zip

Email Address

Phone

Student's Name: _____

Date: _____

Please tell us about your child. Your candid responses will help Grace Lutheran learn more about your child and better serve his/her needs.

What do you consider your child's academic and personal strengths to be? What improvement is needed?

Academic Strengths:

Areas for Academic Growth:

Personal Strengths:

Areas for Personal Growth:

What are your child's interests and activities? (Music, art, athletics, clubs, organizations, or other special interests)

Did he/she skip any grades? If yes, please explain the reason.

Did he/she repeat any grades? If yes, please explain the reason.

Has your child ever been dismissed from school for any reason? If yes, please explain.

Has your child undergone any evaluative testing either through a school or outside the school? _____

If yes, date of testing _____ Reason for testing _____

If yes, please attach a copy of the report of your child's most recent evaluation and recommendations.

Does your child have an IEP? _____ If yes, please attach a copy.

Is your child currently receiving the Carson Smith Scholarship? _____

How did you hear about Grace Lutheran School?

Why do you think Grace is a good match for your child?

Please list at least one Emergency Contact for your student. Please also list any Authorized Pick-Ups for your student. We will only release your child to adults listed as an Authorized Pick-Up for them.

Emergency Contact		
Name(s)		
Address		
City	State	Zip
Email Address		
Phone *REQUIRED*		
Is this person also an Authorized Pick-Up? <input type="checkbox"/> No <input type="checkbox"/> Yes		

Emergency Contact		
Name(s)		
Address		
City	State	Zip
Email Address		
Phone *REQUIRED*		
Is this person also an Authorized Pick-Up? <input type="checkbox"/> No <input type="checkbox"/> Yes		

Emergency Contact		
Name(s)		
Address		
City	State	Zip
Email Address		
Phone *REQUIRED*		
Is this person also an Authorized Pick-Up? <input type="checkbox"/> No <input type="checkbox"/> Yes		

Emergency Contact		
Name(s)		
Address		
City	State	Zip
Email Address		
Phone *REQUIRED*		
Is this person also an Authorized Pick-Up? <input type="checkbox"/> No <input type="checkbox"/> Yes		

Authorized Pick-Up	
Name(s)	
Phone *REQUIRED*	
Is this person also an Emergency Contact? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Authorized Pick-Up	
Name(s)	
Phone *REQUIRED*	
Is this person also an Emergency Contact? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Additional Information Pertaining to Emergency Contacts or Authorized Pick-Ups:
