



HOPE LUTHERAN

CHURCH
& SCHOOL

Hope Lutheran School

5320 Brannon
St. Louis, MO 63109

APPLICATION FOR ADMISSION

Name of Student _____

Address _____

Grade requested _____ Social Security Number _____

Date of Birth _____ Date of Baptism _____ Church _____

Parent Information

Father's Name _____ Occupation _____

Place of Employment _____

Home Phone Number _____ Work Phone Number _____

Mother's Name _____ Occupation _____

Place of employment _____

Home Phone Number _____ Work Phone Number _____

Medications that child takes on a daily basis _____

Previous School _____

Please answer the following questions for us:

How did you find out about Hope Lutheran School?

Why do you want your child to attend Hope Lutheran School?

What extra-curricular activities is your child involved in?

Are you looking for a church home? If not, where do you attend church?



HOPE LUTHERAN CHURCH & SCHOOL

AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS

I/We hereby authorize the release of my/our child's academic and disciplinary record, and all standardized testing records as requested by Hope Lutheran School.

Name of Student _____

Grade _____

Name of Parent _____

Signature _____

Date _____

Records requested from:

School _____

Address _____

Phone _____ FAX _____

Thank you!

Hope Lutheran School
5320 Brannon
St. Louis, MO 63109
Phone: 314-832-1850 FAX: 314-832-0184
Excellence in Christ Centered Education

REV 2-8-06