



APPLICATION FOR
ENROLLMENT
Cross of Glory Lutheran School
61095 Campground Road, Washington, MI 48094 (586) 781-9870

STUDENT INFORMATION		Date:
Name		
_____	_____	Male / Female
<i>Last</i>	<i>First</i>	<i>Middle</i>
Date of Birth: _____	Grade entering: _____	
Address: _____		
<i>Number/Street</i>	<i>City</i>	<i>State Zip</i>
Previous School: _____	School District: _____	

PARENT / GUARDIAN INFORMATION	
Father's Full Name	
_____	(_____) _____
<i>Last</i>	<i>First Middle Cell Phone</i>
Address (If different from student)	
_____	(_____) _____
<i>Number /Street</i>	<i>City State Zip Code Home Phone</i>
Email Address: _____ (used for alerts / newsletters)	
Mother's Full Name	
_____	(_____) _____
<i>Last</i>	<i>First Middle Cell Phone</i>
Address (If different from student)	
_____	(_____) _____
<i>Number /Street</i>	<i>City State Zip Code Home Phone</i>
Email Address: _____ (used for alerts / newsletters)	

Church Membership	
Church Name: _____	Denomination: _____
My child has been baptized: Yes / No	

How did you hear about our school/church? _____

Preparing Children ... Now & Forever!