



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</i>	<i>Zip</i>	
Previous School: _____		School District: _____		

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

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

How did you hear about our school/church? _____

Preparing Children ... Now & Forever!