



To the best of your knowledge, evaluate your child's progress in these areas according to the following scale:

**1 - Especially Strong; 2 - Good; 3 - Average ; 4 - Sometimes Inadequate; 5 - Weak**

_____ Reading	_____ Ability to follow directions
_____ Math	_____ Respect of other children and teachers
_____ Language / English	_____ Attitude toward school-general conduct

ARE THERE ANY UNUSUAL FACTORS IN THE CHILD'S LIFE THAT WOULD BE OF VALUE TO THE SCHOOL AND/OR TEACHER? (Absence of father/mother, in-laws or grandparent in home; unusual accidents or serious illness; premature birth, medical problems, allergies, etc.) \_\_\_\_\_

HOW DID YOU FIND OUT ABOUT FAITH? \_\_\_\_\_

STATE BRIEFLY WHY YOU WISH YOUR CHILD TO ATTEND FAITH LUTHERAN SCHOOL:  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE GIVE A BRIEF STATEMENT OF YOUR BELIEF OR FAITH IN GOD: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FATHER'S CHURCH \_\_\_\_\_ Member? \_\_\_\_\_ Active? \_\_\_\_\_  
*Denomination Church Name*

MOTHER'S CHURCH \_\_\_\_\_ Member? \_\_\_\_\_ Active? \_\_\_\_\_  
*Denomination Church Name*

CHILD'S CHURCH \_\_\_\_\_ Member? \_\_\_\_\_ Active? \_\_\_\_\_  
*Denomination Church Name*

PLEASE DESCRIBE YOUR PARTICIPATION IN THE MINISTRY AT YOUR CHURCH. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IS YOUR CHILD BAPTIZED? \_\_\_\_\_ DATE OF BAPTISM: \_\_\_\_\_  
If Yes - Name of Church: \_\_\_\_\_ City/State: \_\_\_\_\_

ARE YOU INTERESTED IN ATTENDING FAITH LUTHERAN CHURCH, BIBLE STUDY OR SUNDAY SCHOOL?

FATHER'S SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_  
MOTHER'S SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

An appointment with the Principal may be scheduled prior to the acceptance of the applying student, and additional forms will be forwarded to you to complete enrollment.