



Luther Memorial School

Preschool Application for Admission

Complete the form and return to the school office with the \$25 non-refundable family application fee.

Student Information	Child's Name			Birthdate	
	Street			Age	
	City	Zipcode	Phone	Gender	Ethnicity
	Days Attending (M, T, W, TH, F)		Siblings in Attendance at LMS (Names and Grades)		
Parent/Guardian 1	Name			Relationship to Student	
	Address Line 1			Employer	
	Address Line 2			Work Phone	
	Cell Phone			Home Phone	
Parent/Guardian 2	Name			Relationship to Student	
	Address Line 1			Employer	
	Address Line 2			Work Phone	
	Cell Phone			Home Phone	
Emergency Contact (Non-Parent)	Name/Relationship			Phone	
	Name/Relationship			Phone	
	Name/Relationship			Phone	
<p>In Case of Emergency: I hereby give my consent for 1st Aid, medication, treatment and transportation to an emergency care facility. _____ YES _____ NO</p>					
First Aid Information	Allergies			Medications	
	Family Doctor			Phone	
	Dentist			Phone	
Signature				Date	