



Elementary & Middle School Application for Enrollment Policies & Procedures

Form available on line at:
<http://school.apostles-lutheran.net>

ENROLLMENT PROCEDURES

1. Submit the [No-Fee Application](#) for Admission.
2. [Principal Interview](#).
3. [School Board Approval](#): The principal will present the application to the school board.
4. [Registration](#): The final step to enrolling in school is completing the registration package. You will receive instructions from the school office.
5. [ALL immunization](#) documentation must be submitted before enrollment is complete.

ENROLLMENT POLICY

Apostles Lutheran School admits students of any race, color, national or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, and athletic and other school-administered programs.

Following are age requirements for enrollment:

- To enter our Transitional Kindergarten program, children generally turn four years old on or before September 1st.
- To enter our Kindergarten program, children must be five years old on or before September 1st..

We exist to serve our congregation's children as well as children of the community with no Christian church home; however, we do accept children and families who are active in other Christian churches. Our priorities are not intended to offend members and active participants of other Christian denominations. We are glad they are under the care of a church home. Yet, since there can be differences in teachings, we don't want to cause confusion for the children or undermine the efforts of the child's home church's clergy. During the enrollment procedures, the principal will discuss this topic thoroughly to assist parents with deciding what is best for their children.

If there is no spot open because the classroom limit has been reached, the applicant family may ask to be placed on a waiting list in the event an opening occurs.

Apostles Lutheran School reserves the right to refer the student for academic screening prior to the first day of enrollment.

If entering grades 1-8 please also submit the [Teacher's Recommendation form](#).

CONTINUED ENROLLMENT REQUIREMENTS

[Do you agree to worship with your child when his/her class is scheduled to sing in church?](#) Singing as a class as part of the worship service is part of our school's music and religion curricula. These opportunities are, on average, about once every five or six weeks. The classes sing the 8:45, or the 11:15 a.m. worship service on Sunday mornings. Classes also sing on special occasions throughout the church year.

[Do you agree to be prompt in making tuition and other school-related payments?](#) Apostles Lutheran School is a nonprofit school, and we work hard to keep our tuition rates affordable while offering the strongest educational program we can. It is vital that payments are made on time and in their full amounts.

[Do you agree to complete, within one year of enrollment, the Bible Information Class \(BIC\)?](#) The class is conducted by an Apostles pastor and is intended to acquaint both mothers and fathers with the religious instruction their children will receive when they attend Apostles Lutheran School. This is an eight-lesson course - one lesson per week offered twice each year. Traditionally, one course begins in September and one in January. Classes are typically Wednesday or Thursday evenings from 7:00 - 8:30 p.m. There is no charge for these classes, and most often free childcare is offered as well. We realize that the parents we serve are very busy and find it difficult to commit to an eight-week class; however, it is vital that parents learn what their children will be taught.



5828 Santa Teresa Blvd
 San Jose, CA 95123-4035
 408-578-4800 Fax: 408-225-0720
<http://school.apostles-lutheran.net>

For Office Use Only	
Application recv'd	___/___/___
Principal Visit:	___/___/___
Board Approval: Y N	___/___/___
Start Date:	___/___/___

Application for Enrollment

School Year Applying for _____ Grade Entering _____

Student's Information

Student Last Name: _____	First Name: _____	Middle : _____
Current Age _____	Birthdate _____	Birthplace _____
		Gender: <input type="radio"/> M <input type="radio"/> F
Primary Language _____	Second Language _____	
Home Phone: _____	Alternate Phone: _____	
Address _____	City: _____	Zip Code: _____
Current School Attending _____	Baptized _____	
HAVE YOU APPLIED TO APOSTLES LUTHERAN SCHOOL BEFORE _____		If Yes, applied in 20 _____

Applicant's parents marital status _____

Student resides with: _____

Father's Information	<input type="checkbox"/> Address & Phone same as above
Full Name: _____	
Address _____	
City: _____	Zip Code: _____
E-mail: _____	
Home Phone: _____	
Cell Phone: _____	
Denomination Affiliation _____	
Church of Membership _____	

Mother's Information	<input type="checkbox"/> Address & Phone same as above
Full Name: _____	
Address _____	
City: _____	Zip Code: _____
E-mail: _____	
Home Phone: _____	
Cell Phone: _____	
Denomination Affiliation _____	
Church of Membership _____	

STUDENT SCHOOL LIFE INFORMATION

If an answer is "YES" to any of the following questions, please explain on the blank page at the end of this application.

- Has your child had any difficulty in school thus far? (academic, social behavior, etc.) NO YES
- Does your child have any physical disability that might affect school life? NO YES
- Has your child ever been tested or diagnosed with a learning disability? NO YES
- Does your child take medication that would need to be administered at school? NO YES
- Has your child ever been retained in a grade or promoted more than one level in a year? NO YES
- Has your child ever been suspended or expelled from any other school? NO YES

ADDITIONAL COMMENTS AND INFORMATION

How did you hear about our school?

If you were referred, who referred you?

Do you have any concerns over the current progress of your son/daughter (academic, social, behavior, etc) or does he/she require any special needs?

Why would you like your son/daughter to attend Apostles? (Please use the blank page at the end of this application.)

- Do you agree to worship with your child when his/her class is scheduled to sing in church? NO YES
- Do you agree to be supportive of the school, its teachers and its policies? NO YES
- Do you agree to be prompt in making tuition and school related payments? NO YES
- If you are not a member of Apostles Lutheran Church, do you agree to complete, within one year of enrollment, the Bible Information Class? NO YES

SIGNATURES I have read the Policies and Procedures handout, including the BIC information. I understand my typed name below serves as my official signature and acknowledgement of my willingness to abide with the Apostles philosophy, policies and guidelines if my student is accepted.

Father/Guardian Signature: _____

Date: _____

Mother/Guardian Signature: _____

Date: _____

Once Completed Please Return to the Top of the form; [print a copy](#) for your records and than click submit.