



# Mt. Calvary-Grace Lutheran School

1614 Park Avenue • La Crosse, WI 54601-5796

Phone: 608-784-8223 • Fax: 608-784-7305

www.mcglutheran.org



## Enrollment Application

### 1 CHILD'S INFORMATION

Full Legal Name \_\_\_\_\_ Phone \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_  
Street City State Zip

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

### 2 PREVIOUS SCHOOL ATTENDED - (if applicable)

School Name \_\_\_\_\_

School Address \_\_\_\_\_  
Street City State Zip

Last Grade Completed \_\_\_\_\_ Grade Entering (as of Sep. 1) \_\_\_\_\_

### 3 RELIGIOUS INFORMATION

Baptized: \_\_\_ Yes \_\_\_ No (If "No", do you plan to have the child baptized?) \_\_\_\_\_

Denomination \_\_\_\_\_ Pastor \_\_\_\_\_

Church \_\_\_\_\_ City & State \_\_\_\_\_

### 4 PARENT INFORMATION - FATHER

Father or Guardian \_\_\_\_\_ Address \_\_\_\_\_

Place of Birth \_\_\_\_\_ Telephone \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Marital Status (Check all that apply)  Married  Separated  Divorced  
 Widowed  Remarried  Single  Other \_\_\_\_\_

Church Affiliation \_\_\_\_\_

If not a member of Mt. Calvary or Grace Lutheran Churches, do you plan to join either church? \_\_\_\_\_ Yes

If no, please explain \_\_\_\_\_

(over)

**5** PARENT INFORMATION - MOTHER

Mother or Guardian \_\_\_\_\_ Address \_\_\_\_\_

Place of Birth \_\_\_\_\_ Telephone \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Marital Status (Check all that apply)     Married     Separated     Divorced  
 Widowed     Remarried     Single     Other \_\_\_\_\_

Church Affiliation \_\_\_\_\_

If not a member of Mt. Calvary or Grace Lutheran Churches, do you plan to join either church? \_\_\_\_\_ Yes

If no, please explain \_\_\_\_\_

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**6** FAMILY INFORMATION

Other Children in the Family:

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Baptized? \_\_\_ Yes \_\_\_ No

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Baptized? \_\_\_ Yes \_\_\_ No

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Baptized? \_\_\_ Yes \_\_\_ No

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Baptized? \_\_\_ Yes \_\_\_ No

Child lives with \_\_\_ Both Parents \_\_\_ Father \_\_\_ Mother \_\_\_ Other (Please list) \_\_\_\_\_

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**7** ADDITIONAL QUESTIONS

Has this child had any difficulty in school thus far? \_\_\_ Yes \_\_\_ No

Has this child ever been retained in a grade? \_\_\_ Yes \_\_\_ No

Other concerns? \_\_\_ Yes \_\_\_ No

If you answered yes to any of the above questions, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**8** SIGNATURES

Father's Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_

*Office use only:* date of enrollment \_\_\_\_\_ grade \_\_\_\_\_ start date \_\_\_\_\_