

Lamb of God Lutheran School

6232 N. Jones Blvd., Las Vegas, NV 89130
 Telephone: (702) 645-1626 Fax: (702) 645-6031
 www.lambschool.org info@lambschool.org

For Office Use Only:	
_____ Test Form/ Cash Ck #	CC
_____ Registration Form/Ck#	CC
_____ Curriculum Fee/Ck#	CC
_____ Emergency Form	
_____ Parent Release Form	
_____ Transcripts	
_____ Handbook	
_____ Immunizations	
_____ Birth Certificate	
_____ QB	
_____ Renweb	
_____ Copy of D.L. /ID	

Registration Form (K-5) 2010-2011

To finalize your child's registration at Lamb of God Lutheran School the following will need to be done:

1. Academic testing is required for all new students. (\$40 Fee)
2. An interview with the principal is required for all new student families.
3. Return the registration & release forms, along with your registration fee made payable to Lamb of God.
Registration fees are non-refundable unless the student is not accepted for enrollment.
4. Your child will not be allowed to begin school until all documents are on file.
5. Transcripts or latest report card (if applicable) from previous school. (See "Authorization for Release of Information")
6. Previous School Referral Form.

PART 1 - CHILD INFORMATION

_____			GENDER: M F	_____
LAST NAME	FIRST	MIDDLE	CIRCLE	GRADE ENTERING
_____		CITY	STATE	ZIP CODE
ADDRESS/APT. #				
_____	_____	_____	_____	
HOME PHONE #	DATE OF BIRTH	ETHNICITY	CHURCH MEMBERSHIP	

PART 2 - PARENT/ GUARDIAN INFORMATION Main Contact Number: _____

_____		_____		_____	
FATHER/GUARDIAN NAME		E-MAIL ADDRESS (required)		SOCIAL SECURITY # (required)	
_____		CITY	STATE	ZIP	HOME PHONE #
ADDRESS/APT#					
_____	_____	_____	_____	_____	_____
OCCUPATION	EMPLOYER	WORK PHONE #	CELL #		
_____		_____		_____	
MOTHER/GUARDIAN NAME		E-MAIL ADDRESS (required)		SOCIAL SECURITY # (required)	
_____		CITY	STATE	ZIP	HOME PHONE #
ADDRESS/APT#					
_____	_____	_____	_____	_____	_____
OCCUPATION	EMPLOYER	WORK PHONE#	CELL #		

STUDENT LIVES WITH: BOTH PARENTS _____ MOTHER ONLY _____ FATHER ONLY _____ GRANDPARENT/GUARDIAN _____

WHO HAS LEGAL CUSTODY? _____ (Court documents will be due upon registration)

SPECIAL CIRCUMSTANCES THE SCHOOL SHOULD BE AWARE OF? _____

NAMES AND AGES OF SIBLINGS ATTENDING LAMB OF GOD SCHOOL AND/OR PRESCHOOL: _____

PART 3 – EDUCATION INFORMATION

PREVIOUS SCHOOL _____ CITY _____ STATE _____ PHONE# _____

DATES OF ATTENDANCE _____ LAST GRADE COMPLETED _____

Has child advanced a grade? Y / N Which grade? _____

Has child been retained a grade? Y / N Which grade? _____

Has child ever been recommended for grade retention? Y / N Grade/Year _____

Has child had an IEP (Individual Educational Program)? Y / N (If yes, please provide a copy.)

Has child ever received severe disciplinary censure at school? Y / N

Has child ever been suspended from school? Y / N

Please share detailed information about disciplinary matters: _____