



Ascension Lutheran School—A Preparatory and Fine Arts Academy

Raising Caring Servants to Extend Life in Christ to Diverse People

7415 Buchanan Street, Landover Hills, MD 20784

301-577-0500 (office) 301-577-9558 (fax) www.ascensionschool.org

APPLICATION FOR ENROLLMENT 2012-2013

Please provide the requested information below, and return it to the school office with the non-refundable Application Fee. New students are required to submit a copy of the Birth Certificate, current Immunization record, and school transcripts.

Child's Name: _____ Sex: M/F Age: _____ Grade applying for: _____
(Last) (First) (Middle)

Address: _____ City/State/Zip: _____

Home Phone: _____ Date of Birth: _____ City/State of Birth: _____

Father/Guardian Name: _____ Mother/Guardian Name: _____

Place of Birth: _____ Place of Birth: _____

Occupation: _____ Occupation: _____

Employer: _____ Employer: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

E-mail: _____ E-mail: _____

Is the child baptized? Yes / No Baptismal Date: _____ Baptismal Church: _____

Is the child a member of a church? Yes / No Name of Church: _____

Names and birthdates of siblings: 1. _____ 2. _____ 3. _____

Does the child reside with both parents/guardians? Yes / No If not, who is the custodial? _____

Does your child have any special educational needs? _____

Do you intend to have your child continue through Ascension? Yes / No

PREVIOUS School Name: _____ attended from _____ to _____
SCHOOL

Address: _____ City/State/Zip: _____

How did you hear about Ascension? _____

Briefly describe why you wish to enroll your child at Ascension: _____

