



# BETHANY LUTHERAN SCHOOL

9101 Lamar Ave. Overland Park, Kansas 66207 • 913-648-2228, ext. 122 • www.bethanyschool.net

## Application for Admission

### Student Information

Date: \_\_\_\_\_

Student's Name \_\_\_\_\_  
First Middle Last

Preferred Name or Nickname \_\_\_\_\_ Applying for admission into grade \_\_\_\_\_

Birthdate \_\_\_\_\_ Birthplace \_\_\_\_\_ Citizenship \_\_\_\_\_  
Month Day Year

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Preferred email for school information \_\_\_\_\_

Home Church \_\_\_\_\_ Pastor's Name \_\_\_\_\_

### Student Academic Information

Present School \_\_\_\_\_ Years Attended \_\_\_\_\_ Current Grade \_\_\_\_\_

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

School Phone \_\_\_\_\_ Principal \_\_\_\_\_

Former School \_\_\_\_\_ Grades Attended \_\_\_\_\_

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

School Phone \_\_\_\_\_ Principal \_\_\_\_\_

Has the Student Skipped a Grade? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, which one \_\_\_\_\_

Has the Student Repeated a Grade? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, which one \_\_\_\_\_

Has the Student Participated in a Gifted Program? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, at what grade level \_\_\_\_\_

Has the Student Participated in a Special Learning Program? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has the Student Experienced Learning Difficulties in Reading? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has the Student Experienced Learning Difficulties in Math? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has the Student Experienced Any Discipline Problems? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has the Student Ever Been Suspended? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is the Student Currently on Medication? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please explain \_\_\_\_\_

Is the Student Bilingual? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, what second language \_\_\_\_\_

What language is spoken at home? \_\_\_\_\_

## Student Academic Information Continued

Does the student have any special needs? \_\_\_\_ Yes \_\_\_\_ No If yes, please describe them \_\_\_\_\_

Has academic ability or learning style assessment been done for your child outside the normal testing done in school? \_\_\_\_ Yes \_\_\_\_ No If yes, please indicate the date, give a brief description of the testing, and indicate where the test results are available. \_\_\_\_\_

What areas of school most interest your child? \_\_\_\_\_

Please supply one academic reference who can speak to the learning profile of the student.

\_\_\_\_\_

Name

Relationship to the student

\_\_\_\_\_

Contact Email address and phone number

Please use this space to add any additional information about your child (strengths, special talents, passions, etc.)

## Purposes For Application

Please comment on the reasons you are investigating Bethany Lutheran School as an educational option:

How Were You Referred to Bethany Lutheran School?

\_\_\_\_ Friend \_\_\_\_ Website \_\_\_\_ Open House \_\_\_\_ Other: \_\_\_\_\_

Bethany School Community Member \_\_\_\_\_

Name

# Parent Information

Father's Full Name \_\_\_\_\_  
First Middle Last

Mother's Full Name \_\_\_\_\_  
First Middle Last

Home Address (If Different from Student)

Home Address (If Different from Student)

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

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

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Business/Employer \_\_\_\_\_

Business/Employer \_\_\_\_\_

Occupation/Position \_\_\_\_\_

Occupation/Position \_\_\_\_\_

Business Address \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Ext. \_\_\_\_\_

Business Phone \_\_\_\_\_ Ext. \_\_\_\_\_

Check If Appropriate:

\_\_\_\_ Father Deceased    \_\_\_\_ Parents Separated    \_\_\_\_ Father Remarried    \_\_\_\_ Joint Custody \*\*  
\_\_\_\_ Mother Deceased    \_\_\_\_ Parents Divorced    \_\_\_\_ Mother Remarried    \_\_\_\_ Sole Custody \*\*

\*\* Documentation of Custody Agreements is Required

If Father is Remarried, Stepmother's Information

If Mother is Remarried, Stepfather's Information

Name \_\_\_\_\_

Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

With Whom Does the Student Live? \_\_\_\_\_

Financial Responsibility Will Be Assumed By \_\_\_\_\_

Do You Intend to Apply for Financial Aid? \_\_\_\_ Yes \_\_\_\_ No

# Family Information

Other Children in the Family:

Name \_\_\_\_\_ Present Grade and School \_\_\_\_\_

Name \_\_\_\_\_ Present Grade and School \_\_\_\_\_

Name \_\_\_\_\_ Present Grade and School \_\_\_\_\_

Paternal Grandparents: \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Maternal Grandparents: \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Relatives or Friends who are associated with Bethany Lutheran Church and School:

\_\_\_\_\_

## Application for Admission

I hereby make application for admission of my child named above to enter \_\_\_\_\_ grade at Bethany Lutheran School for the \_\_\_\_\_ academic year. I understand that this application will permit the school to examine the scholastic record of my child, and it will in no way obligate me to the school or the school to me.

Parents' or Guardians' Signatures:

\_\_\_\_\_  
Signature                                      Date                                      Signature                                      Date

Please return this completed form with the \$50.00 application fee to:

Principal  
Bethany Lutheran School  
9101 Lamar Ave.  
Overland Park, KS 66207



9101 Lamar Ave. Overland Park, Kansas 66207 • 913-648-2228, ext. 122 • [www.bethanyschool.net](http://www.bethanyschool.net)

Bethany Lutheran School admits students of any race, color, and national or ethnic origin.