

**REDEEMER LUTHERAN SCHOOL**  
69-26 Cooper Avenue, Glendale, NY 11385  
718-821-6670 718-821-6699

**APPLICATION FOR NEW STUDENT ENROLLMENT**

\*Non-refundable Application/Testing Fee Rec'd \_\_\_\_\_ \*Non-refundable General Fee Rec'd \_\_\_\_\_  
\*(Cash, Money Order or Credit Card Only)

For Grade \_\_\_\_\_ (if Nursery – indicate  2 day  3 day  5 day  half day  full day

Please print or type all information

Student Name \_\_\_\_\_ [  ] Male [  ] Female  
(First) (M.I.) (Last)

Date of Birth \_\_\_\_\_ (attach copy of birth certificate) Place of Birth \_\_\_\_\_

Social Security # \_\_\_\_\_ Home Phone # \_\_\_\_\_

Home Address \_\_\_\_\_  
(Street) (Apt#) (City) (State) (Zip Code)

Emergency Contact # \_\_\_\_\_ Name \_\_\_\_\_ relationship \_\_\_\_\_

Transportation: Walker \_\_\_\_\_ Parent Driving \_\_\_\_\_  
Metro Card Required (K-8) Yes/No If yes, Bus #'s \_\_\_\_\_ and \_\_\_\_\_ /Subway Line \_\_\_\_\_

Child attends Church/Sunday School at \_\_\_\_\_ Is child baptized? \_\_\_\_\_

Address \_\_\_\_\_ Pastor/Minister's Name \_\_\_\_\_

Child's Physician \_\_\_\_\_ Office Phone # \_\_\_\_\_

In case of emergency I give the school permission to select a doctor or hospital facility as needed  Yes  No

Is there anything about your child which we should know in order to serve his/her academic or personal needs?  
\_\_\_\_\_

Language Spoken at home \_\_\_\_\_

Present School \_\_\_\_\_ Telephone # \_\_\_\_\_ P.S. District # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Present Grade level \_\_\_\_\_ Academic Average A B C D F (circle one)

Brothers & Sisters \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child lives with: (circle one) Both Parents Father Mother Neither

If not both parents, state reason:

(i.e. divorced, deceased, etc.) \_\_\_\_\_

Why have you chosen to enroll your child at Redeemer Lutheran School? \_\_\_\_\_

School Photo/Video Release Authorization

Students in Redeemer Lutheran School are periodically photographed or videotaped while taking part in school related activities.

Your permission as parent/guardian is needed to use your child's image in print and non-print publications, such as development and recruitment publications, newsletters, school or local newspapers, video, brochures, yearbook and other educational or promotional publications.

\_\_\_\_\_ I give permission for my child's photograph to be in the yearbook.

\_\_\_\_\_ I give permission for my child's photograph and/or electronically recorded image to be used for educational, promotional, or other activities related to Redeemer Lutheran School.

\_\_\_\_\_ I do not give permission for my child's image or photograph to be used by Redeemer Lutheran School.

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

