



8100 Arctic Blvd. Anchorage, AK 99518  
(907) 522-3636 ALSalaska.org

# APPLICATION FOR ADMISSION

(Check All That Apply)

## Early Childhood Education

- Zion Lutheran School  
 Anchor Lutheran School

## K-6 Child Watch

- Before School  
 After School

- Monday through Friday  
 Monday, Wednesday, Friday  
 Tuesday, Thursday  
 Summer - Part Time  
 Summer - Full Time

## Grade Level

- |  |                                   |
|--|-----------------------------------|
| <input type="checkbox"/> Transition Kinder | <input type="checkbox"/> Grade 5  |
| <input type="checkbox"/> Kindergarten      | <input type="checkbox"/> Grade 6  |
| <input type="checkbox"/> Grade 1           | <input type="checkbox"/> Grade 7  |
| <input type="checkbox"/> Grade 2           | <input type="checkbox"/> Grade 8  |
| <input type="checkbox"/> Grade 3           | <input type="checkbox"/> Grade 9  |
| <input type="checkbox"/> Grade 4           | <input type="checkbox"/> Grade 10 |

YOUR NON-REFUNDABLE REGISTRATION FEE MUST ACCOMPANY THIS FORM

CHILD'S Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
Home Address \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Gender M / F  
Child Baptized: Y / N If yes, date \_\_\_\_\_ Church Attending \_\_\_\_\_  
Most Recent School \_\_\_\_\_

PARENTS Status  Married  Separated  Divorced  Single Parent  Other  
CHILD Lives With  Both Parents  Mother & Stepfather  Father & Stepmother  
 Joint Custody  Mother Only  Father Only  Other  Legally Adopted

Names and ages of siblings living in the home \_\_\_\_\_  
Names and relation to child of other adults living in the home \_\_\_\_\_

MOTHERS Last Name \_\_\_\_\_ First \_\_\_\_\_ Email \_\_\_\_\_  
Home Address (If different than child) \_\_\_\_\_  
Mailing Address (If different than home) \_\_\_\_\_  
Cell \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_

FATHERS Last Name \_\_\_\_\_ First \_\_\_\_\_ Email \_\_\_\_\_  
Home Address (If different than child) \_\_\_\_\_  
Mailing Address (If different than home) \_\_\_\_\_  
Cell \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_

FOR OFFICE USE ONLY Received by \_\_\_\_\_ Date Received \_\_\_\_\_  
Registration Paid  Cash  Card Desired Start \_\_\_\_\_

If there is information of which the school should be made aware of regarding custody issues, please indicate that information below and attach legal documentation.

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Emergency contacts and other adults authorized to pick up your child will be submitted on a separate form upon acceptance.

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— Please Complete the Questions Below —

How did you learn about our school? Website Mailing Facebook Instagram Other  
Word-of-Mouth, who may we thank? \_\_\_\_\_

What motivated you to enroll your child in Anchor Lutheran School? What goals do you have for your child? Please be specific.

Describe your child's social skills and his/her ability to relate to other children and adults:

Please indicate any circumstance that may impact school achievement or activity for your child (extensive travel, illness, grades repeated, diagnosed learning differences):

Does your child have any health or physical limitations? Y / N If yes, explain:

Has the applicant ever been suspended or expelled from school? Y / N If yes, share when and briefly explain the circumstances:

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**Please acknowledge each of the statements below.**

Lutheran School Association of Anchorage welcomes all applicants and admits students of any gender, race, color, national or ethnic origin, age or disability to all rights, privileges, programs and activities generally accorded or made available to students at our school. We do not discriminate on the basis of gender, color, race, national or ethnic origin, age or disability in the administration of our educational policies, scholarship and financial aid programs, or athletic and other school administered programs.

The Alaska Office of Children's Services has the authority to interview children or staff, and to inspect and audit records regarding your child, without prior consent.

Consent is given to Lutheran School Association of Anchorage to use images / video of my child for release to the newspaper for stories about the school, for other media releases, posting on bulletin boards, school promotional purposes, social media et cetera.

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**By signing, I agree to the policies and procedures in the Parent Handbook.**

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

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