



BALTIMORE LUTHERAN SCHOOL

APPLICATION FOR ADMISSION

Full name of student _____ Name Called _____
Last First Middle

Date of Birth ____/____/____ Current Grade _____ Applying for Grade _____ School year _____

Address of applicant _____
Street City State Zip

Home Phone Number _____ Male _____ Female _____

Current school name _____ Date Entered _____

School address _____ School Phone _____
Street City State Zip

Has the applicant skipped a grade? yes _____ no _____ Has the applicant repeated a grade? yes _____ no _____

Church of applicant _____ Denomination _____

Address of church _____
Street City State Zip

Name of pastor _____ Is student baptized? _____ Confirmed? _____

With whom does applicant reside? _____

#1 Parent/Guardian Full Name _____

Title: Mr. _____ Mrs. _____ Ms. _____ Miss _____ Relationship: Father _____ Mother _____ Stepfather _____ Stepmother _____
Rev. _____ Dr. _____ Other (please specify) _____ Other (please specify) _____

Address _____
Street City State Zip

Home Phone _____ Email Address _____

Name of Employer _____ Occupation _____

Business Phone _____ Cell Phone _____

Church _____ Address _____

BLS graduate yes _____ no _____ If yes, year of graduation _____

#2 Parent/Guardian Full Name _____

Title: Mr. _____ Mrs. _____ Ms. _____ Miss _____ Relationship: Father _____ Mother _____ Stepfather _____ Stepmother _____
Rev. _____ Dr. _____ Other (please specify) _____ Other (please specify) _____

Address _____
Street City State Zip

Home Phone _____ Email Address _____

Name of Employer _____ Occupation _____

Business Phone _____ Cell Phone _____

Church _____ Address _____

BLS graduate yes _____ no _____ If yes, year of graduation _____

(Please see other side)

Check if appropriate: Parents divorced _____ Parents separated _____ Father deceased _____ Mother deceased _____

Has applicant been tested for or diagnosed with a learning disability? _____

If yes, do you wish to apply to the STAR (Student Aid and Resource) Program? _____

Has applicant been tested or diagnosed with: ADD _____ ADHD _____

If yes, please explain: _____

Names of siblings currently attending or alumnus/a of BLS _____

Family doctor _____ Phone _____

Address _____
Street City State Zip

Emergency contact (called after parent) _____ Phone _____

Address _____ Relationship _____
Street City State Zip

Maternal grandparents' names _____ Phone _____

Address _____
Street City State Zip

Paternal grandparents' names _____ Phone _____

Address _____
Street City State Zip

Duplicate correspondence requested for _____ Relationship _____

Address _____
Street City State Zip

Names, addresses, and telephone for our family (____ may), (____ may not) be included in a Parent-Teacher League directory.

Names and telephone number (____ may), (____ may not) be given for car pooling.

Photographs and recordings of the student named on this application (____ may), (____ may not) be used in school projects, programs, and promotional materials.

How did you hear about BLS? _____

Signature _____ Date _____
Parent/Guardian

Non-Discrimination Policy

Baltimore Lutheran will not discriminate on the basis of race, color, sex, disability, national or ethnic origin, in the administration of its educational policies, admissions policies, and athletic and other school-administered programs, and guarantees to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. Baltimore Lutheran will not discriminate on the basis of race, color, sex, age, disability, national origin or Vietnam Era Veteran status in the employment of the administrative, teaching, or custodial staffs necessary for the operation of the school.

Please return completed application and \$50 nonrefundable application fee to:

Admissions
Baltimore Lutheran School
1145 Concordia Drive
Towson MD 21286

Office Use Only

Date Received _____

Check # _____

Check Date _____

Fee Paid _____