



815 Venice Blvd., Venice, CA 90291 / office: 310.823.9367 / fax: 310.823.4822 / principal@vlschool.org

Application for Enrollment

School Year 20____ - 20____

Applying for Grade: _____

Student Information:

Last Name: _____ First Name: _____ MI: _____

Date of Birth: _____ Birthplace: _____ Gender: _____

CHECK all that apply (*Admittance priority is based on these criteria of acceptance*)

Sibling of current student ____ Member of First Lutheran Church of Venice ____

School last attended: _____

Street: _____ City: _____ State: ____ Zip Code: _____

How did you learn about VLS? _____

Why do wish to enroll your child at VLS? _____

Please explain if your child has experienced any problems in any of the following areas:

Academic: _____

Social: _____

Health: _____

Check if your child has received an: Individual Educational Plan (IEP) ____ 504 ____

Student resides with: Both Parents ____ Shared Custody ____ Guardian ____

Mother ____ Father ____

Family Information:	Mother	Father
First and Last Name:		
Home Address:		
City, State, Zip Code		
Home Phone No.		
Cell Phone No.		
Business Phone No.		
Email address		

Siblings

Name: _____ Age: ____ School: _____

Name: _____ Age: ____ School: _____

Name: _____ Age: ____ School: _____

If not a member of First Lutheran Church of Venice, local church attending (if any):

Name of Church: _____ City: _____

ENROLLMENT INFORMATION

Enrollment Procedures

- Enrollment at Venice Lutheran is on an annual basis.
- An application for enrollment must be filed annually and received before the deadline for both continued and initial enrollment.
- Application for enrollment does not constitute acceptance.
- Once a family has been accepted, the registration procedure is mandatory.
- Fees and tuition are applicable to all persons, church members as well as non-members, entering VLS.
- The application fee is **not** refundable and must accompany the application, or it will not be processed.

Parent Check List for New Enrollees:

1. Enrollment application
2. \$25.00 application fee payable to First Lutheran School
3. Birth Certificate Kindergarten: Birth Certificate Grade 1 Birth Certificate Grade 2-8 Current and previous report card
4. Kg. Report Card Recent standardized test (if available)
5. Immunization Records must be submitted before the first day of school attendance

FINANCIAL AGREEMENT:

For admission of my child(ren) to Venice Lutheran School, I agree to pay the tuition charges and fees as established by the administration. (See accompanying Schedule of Fees.) I also understand that, upon acceptance by the administration, payment of the Admission Fee and Registration Fee is required to save a seat for the applicant. We certify that the information given is complete and accurate. Further, we agree to fulfill all financial obligations and to adhere to the policies and regulations of Venice Lutheran.

I would like to submit an application for financial assistance. Check box

Father's Signature: _____ Date: _____

Mother's Signature: _____ Date: _____