



INSPIRING LIFE-LONG LEARNING

THE SCHOOLS OF
**BETHANY
LUTHERAN**

CULTIVATING CHRISTIAN CHARACTER

Bethany Lutheran School

International Student Application

Bethany Lutheran School

Preschool - 8th Grade

5100 E. Arbor Road, Long Beach, CA 90808

(562) 420-7783 bethanylutheran.org

Admission Checklist (Note any items that are unavailable)

Date Received _____

Applying for Grade _____

Desired Enrollment Date _____

- Application for Admission: Parent and Student Sections
- Current Teacher Recommendation
- Report Cards (Prior Two Years) or Transcripts
- Standardized Test Scores
- Copy of Immunization Records
- Copy of Birth Certificate
- Copies of any Court Orders Regarding Custody or Legal Guardianship
- One Time Non-Refundable \$600 Application Fee
- One Time Non-Refundable \$400 Processing Fee

Payment Method: Cash Check Credit Card (*contact ktucker@bethanylutheran.org*)

Student Information (please print or type clearly)

Male Female Applying for Grade _____

Student's Legal Name (last, first, full middle name) _____

Preferred Name (optional) _____

Country of Origin _____ Birthdate _____

Birthplace _____

What language(s) other than English do you speak? _____

Home Address _____

City _____ State _____ Zip Code _____

Home Phone Number _____ Cell Phone _____

Email _____

Student Lives With (please check all that apply) Father Mother Stepfather Stepmother

Other/Please Explain _____

School History (please print or type clearly)

School Currently Attending _____

School Address _____ Phone _____

Has the student ever been dismissed or suspended at any school? Yes No

If yes, please explain _____

Has the student ever been assessed for a learning disability or received extra help in any academic area?

Yes No If yes, please explain _____

Has the student ever repeated a grade? Yes No

<i>Prior Schools Attended</i>	<i>City</i>	<i>Grade(s)</i>	<i>Dates of Attendance</i>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Family Information (please print or type clearly)

Name of Biological/Adoptive Father _____

Home Address _____ City _____ State _____ Zip Code _____

Country _____ Main Phone _____

Employed by _____ Position _____

Email _____

Name of Biological/Adoptive Mother _____

Home Address _____ City _____ State _____ Zip Code _____

Country _____ Main Phone _____

Employed by _____ Position _____

Email _____

Marital status of Parents: Married Separated Divorced Other _____

If separated, to whom should correspondence be sent? Mother Father

Other _____

Student's Siblings: Name Age School

(if applicable)

Has the student / any family member ever been involved with police authorities? Yes No

If yes, please explain:

Religion

Is the student religious? If so, what religion? _____

Health

What is the general health of the student? Fair Good Excellent

Does the student have any physical disabilities? Yes No

If yes, please explain:



Student Response *(Please complete and return with your application for admission)*

Student's Name _____

What school activities have you taken part in during the past two years?

Do you have any hobbies or special interests? If yes, please tell us a little bit about them.

Which athletic and/or extracurricular activities are you interested in participating in?

Have you ever been suspended or expelled from school? If yes, please explain.





Have you ever used or experimented with drugs, cigarettes or alcohol? If yes, please explain.

Have you ever been found guilty of an unlawful act? If yes, please explain.


Are you a Christian? IF so, when did you become a Christian? Explain how it has made a difference in your life?

Why do you want to go to the school you are applying to?

I have answered all the questions honestly. Yes No

Student Signature _____ Date _____





Parent Response *(Please complete and return with your application for admission)*

How did you hear about the school you are applying to?

What are your goals for your son/daughter over the next three or four years?

What do you expect the school you are applying for to do for your child?

Should you decide to have your child enroll in school, are there any special physical or academic accommodations that your child would need? (i.e administer prescribed medications, modified workload, etc...)

Please describe your son or daughter.

Has your son or daughter had any disciplinary difficulty at school or at home? If yes, please explain:

Student Name _____

Parent Signature _____ Date _____



Teacher / Principal Confidential Reference Grades 1-12

(To help us make a prayerful and intelligent selection and placement of your child, we must learn as much as possible about him/her. Please give this form to your child's school teacher/principal)

Teacher/Principal Filing Recommendation: Please answer all questions. If an answer is not known or not applicable, then please state so. We appreciate the time and effort given to responding to this inquiry. Please complete this form and send a scan or picture of it within 5 days directly to ktucker@bethanylutheran.org.

Student's Name _____ Current Grade _____

Teacher's Name _____ School _____

How long and in what circumstances have you known the applicant?

Please comment on the applicant's attitude towards school.

To your knowledge, has the applicant had any history of involvement with drugs, alcohol or been a serious discipline case?

Does the candidate have any history of learning disabilities or has he/she required any special assistance to meet academic requirements?

Please circle the number in the following categories that best rates this student when comparing him/her to other students his/her age:

	Poor		Average		Excellent
Academic Potential	1	2	3	4	5
Academic Achievement	1	2	3	4	5
Emotional Stability	1	2	3	4	5
Personal Integrity	1	2	3	4	5
Conduct	1	2	3	4	5
Concern for Others	1	2	3	4	5
Leadership Ability	1	2	3	4	5
Initiative	1	2	3	4	5
Work Habits	1	2	3	4	5

Signature _____ Date _____

Title _____ School _____