

# APPLICATION FOR ENROLLMENT

Shepherd of the Valley Lutheran School  
23838 Kittridge Street, West Hills CA 91307  
(818) 347-6784 Fax (818) 347-9944

Name of child \_\_\_\_\_ Date \_\_\_\_\_  
last first middle

Application for grade \_\_\_\_\_ School year \_\_\_\_\_ Age at start date \_\_\_\_\_  
(K-6) (Students entering Kindergarten must be 5 years old by October 1<sup>st</sup>)

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_ Sex  M  F

Race/Ethnicity:  White, not Hispanic  Hispanic  Black  Other: \_\_\_\_\_

Previous school attended \_\_\_\_\_ Dates \_\_\_\_\_

Parent(s)/Guardian  Married  Divorced  Separated  Widowed  Guardian

Resides with:  Mother  Father  Other \_\_\_\_\_

Father's name \_\_\_\_\_ Home phone \_\_\_\_\_ Mobile \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Mother's name \_\_\_\_\_ Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Other children and ages \_\_\_\_\_

Church affiliation \_\_\_\_\_

What are you main reasons for wanting your child to attend our school? \_\_\_\_\_

How did you hear about our school? \_\_\_\_\_

Do you agree to cooperate with the school in developing the spiritual life of your child?  Yes  No

If no, please explain \_\_\_\_\_

Signature of Mother/Father/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

I acknowledge that the testing fee is non-refundable. Initial \_\_\_\_\_

Referred by: \_\_\_\_\_ Office use only: Date application received \_\_\_\_\_