



# BETHANY LUTHERAN SCHOOL

9101 Lamar, Overland Park, Kansas 66207 • 913-648-2228, ext. 122 • www.bethanyschool.net

## Application for Admission

### Student Information

Student's Name \_\_\_\_\_  
First Middle Last

Preferred Name or Nickname \_\_\_\_\_

Birthdate \_\_\_\_\_ Birthplace \_\_\_\_\_ Citizenship \_\_\_\_\_  
Month Day Year

Social Security # \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Email \_\_\_\_\_

Home Church \_\_\_\_\_

### Student Academic Information

Present School \_\_\_\_\_ Years Attended \_\_\_\_\_ Current Grade \_\_\_\_\_

School Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School Phone \_\_\_\_\_ Principal/School Head \_\_\_\_\_

Former School \_\_\_\_\_ Grades Attended \_\_\_\_\_

School Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School Phone \_\_\_\_\_ Principal/School Head \_\_\_\_\_

Has the Student Skipped a Grade? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, which one \_\_\_\_\_

Has the Student Repeated a Grade? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, which one \_\_\_\_\_

Has the Student Participated in a Gifted Program? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, at what grade level \_\_\_\_\_

Has the Student Participated in a Special Learning Program? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has the Student Experienced Learning Difficulties in Reading? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has the Student Experienced Learning Difficulties in Math? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has the Student Experienced Any Discipline Problems? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has the Student Ever Been Suspended? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is the Student Currently on Medication? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please explain \_\_\_\_\_

Is the Student Bilingual? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, what second language \_\_\_\_\_

# Student Academic Information Continued

Does the Student Have Any Special Needs?  Yes  No If yes, please describe them \_\_\_\_\_

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Has Academic Ability or Learning Style Assessment Been Done for Your Child Outside the Normal Testing Done in School?  Yes  No If yes, please indicate the date, give a brief description of the testing, and indicate where the test results are available. \_\_\_\_\_

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What Special Academic Abilities Has the Student Demonstrated? \_\_\_\_\_

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Please Supply One Academic Reference Who Can Speak to the Learning Profile of the Student.

Name \_\_\_\_\_ Relationship to the Student \_\_\_\_\_

Contact Address and Phone Number \_\_\_\_\_

Please Use This Space to Add to Your Child's Academic Profile. Indicate Strengths, Special Talents and Passions.

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## Purposes For Application

Please Comment on the Reasons You Are Investigating Bethany Lutheran School as an Educational Option: *(Your response to the following question will help Bethany Lutheran School determine if its program can best serve the needs of the student).*

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How Were You Referred to Bethany Lutheran School?

Friend  Reputation  Website  Phonebook  Open House  Education Consultant

Bethany School Community Member \_\_\_\_\_  
Name

# Parent Information

Father's Full Name \_\_\_\_\_  
First Middle Last

Mother's Full Name \_\_\_\_\_  
First Middle Last

Home Address (If Different from Student)

Home Address (If Different from Student)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Business/Employer \_\_\_\_\_

Business/Employer \_\_\_\_\_

Occupation/Position \_\_\_\_\_

Occupation/Position \_\_\_\_\_

Business Address \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Ext. \_\_\_\_\_

Business Phone \_\_\_\_\_ Ext. \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Check If Appropriate:

\_\_\_\_ Father Deceased    \_\_\_\_ Parents Separated    \_\_\_\_ Father Remarried    \_\_\_\_ Joint Custody \*\*  
\_\_\_\_ Mother Deceased    \_\_\_\_ Parents Divorced    \_\_\_\_ Mother Remarried    \_\_\_\_ Sole Custody \*\*

\*\* Documentation of Custody Agreements is Required

If Father is Remarried, Stepmother's Information

If Mother is Remarried, Stepfather's Information

Name \_\_\_\_\_

Name \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

With Whom Does the Student Live? \_\_\_\_\_

Financial Responsibility Will Be Assumed By \_\_\_\_\_

Do You Intend to Apply for Financial Aid? \_\_\_\_ Yes \_\_\_\_ No

# Family Information

Other Children in the Family:

Name \_\_\_\_\_ Present Grade and School \_\_\_\_\_

Name \_\_\_\_\_ Present Grade and School \_\_\_\_\_

Name \_\_\_\_\_ Present Grade and School \_\_\_\_\_

Paternal Grandparents: \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Maternal Grandparents: \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Relatives or Close Friends Who Are Bethany Alumni, Present Students, Trustees, or Faculty:

Name \_\_\_\_\_ Years Attended \_\_\_\_\_

Name \_\_\_\_\_ Years Attended \_\_\_\_\_

Name \_\_\_\_\_ Years Attended \_\_\_\_\_

## Application for Admission

I hereby make application for admission of my child named above to enter \_\_\_\_\_ grade at Bethany Lutheran School for the \_\_\_\_\_ academic year. I understand that this application will permit the school to examine the scholastic record of my child, and it will in no way obligate me to the school or the school to me.

Parents' or Guardians' Signatures:

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

Please Return This Completed Form with the \$50.00 Application Fee To:

Principal  
Bethany Lutheran School  
9101 Lamar  
Overland Park, KS 66207

