

# Redeemer Lutheran School

333 Commerce Street  
Pensacola, Florida 32507  
(850) 455-0330

## Application for Admission

Name of Child: \_\_\_\_\_ Called by: \_\_\_\_\_  
Last First Middle

Male: \_\_\_\_\_ Female: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Grade entering \_\_\_\_\_

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

Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_ Emergency Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_

Birthday: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Month Day Year City State

Church Membership: \_\_\_\_\_ Denomination: \_\_\_\_\_  
Name

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_

Previous School: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State

**Name of Child's Father:** \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Church Membership: \_\_\_\_\_ Denomination: \_\_\_\_\_  
Name

**Name of Child's Mother:** \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Church Membership: \_\_\_\_\_ Denomination: \_\_\_\_\_  
Name

Please list any physical, emotional, health and/or learning difficulties your child may have:

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

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*School Office\*\*\*\*\*

Application Received: \_\_\_\_\_

On File: \_\_\_\_\_

Interviewed: \_\_\_\_\_

Transcript/Report Card: \_\_\_\_\_

Certificate of Birth: \_\_\_\_\_

Immunization Records: \_\_\_\_\_

Accepted: \_\_\_\_\_

Not Accepted: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Redeemer Lutheran School does not discriminate on the basis of race, color or national origin in the administration of its policies, athletic programs or other school administered activities.