

*Gethsemane Evangelical Lutheran School*  
*"Bring the little children to me and do not forbid them for of such is the kingdom of God"*

APPLICATION FOR ENTRY INTO

3460 Crestmont Drive  
Saginaw, MI 48603  
Phone: 792-3607

I, the undersigned, herewith apply for entry for my child into the \_\_\_\_\_ grade of Gethsemane Lutheran School.

Pupil's Name \_\_\_\_\_

Birth date \_\_\_\_\_ Place of Birth \_\_\_\_\_

Baptized Yes ( ) No ( ) Church \_\_\_\_\_

Previous Schools Attended _____	Grades _____
_____	Grades _____
_____	Grades _____
_____	Grades _____

Reason for Transfer \_\_\_\_\_

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

---

List and explain any physical or emotional problems that affect your child.

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

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

---

PARENTS NAME	OCCUPATION	WORK PHONE	CHURCH AFFILIATION
--------------	------------	------------	--------------------

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

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

Signature of Parent \_\_\_\_\_

Date \_\_\_\_\_