



# Christ-St. Peter Lutheran School

## 2016-2017 Application for Admission

West Campus (Grades 3-8) East Campus (Grades K4-2)

2229 W. Greenfield Ave. 1204 S. 8th Street

Milwaukee, WI 53204 (414) 383-2055

Please Print:

Name of Parent/Guardian #1 \_\_\_\_\_  
First MI Last

Address \_\_\_\_\_  
(Student's Home Address)

City State Zip

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_ I can be contacted through texting?: Yes \_\_\_\_ No \_\_\_\_  
I can be contacted through email?: Yes \_\_\_\_ No \_\_\_\_

Name of Parent/Guardian #2 \_\_\_\_\_  
First MI Last

Address \_\_\_\_\_  
(Write SAME if the address is the same as Parent/Guardian #1)

City State Zip

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_ I can be contacted through texting?: Yes \_\_\_\_ No \_\_\_\_  
I can be contacted through email?: Yes \_\_\_\_ No \_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship to student(s): \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**\*\* I have received the Disclosure Information provided to all parents/guardians who apply for enrollment for the 2016-2017 school year at Christ-St. Peter Lutheran School in compliance with Wisconsin Act 28.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Name of Student #1** \_\_\_\_\_

First Middle Last  
Date of Birth \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Ethnicity: Hispanic/Latino Yes \_\_\_\_\_ No \_\_\_\_\_

**Federal Race** (May select one or more): American Indian or Alaskan Native \_\_\_\_\_ Asian \_\_\_\_\_  
Native Hawaiian or Other Pacific Islander \_\_\_\_\_ Black or African American \_\_\_\_\_ White \_\_\_\_\_

Grade for 2016-2017: K4 K5 1 2 3 4 5 6 7 8

School attended 15/16: Christ-St. Peter or \_\_\_\_\_

Student Baptized?: Yes \_\_\_\_\_ No \_\_\_\_\_ Home Church and Location: \_\_\_\_\_

**Has your child ever received any of the following?** (Check any that apply):

Evaluative Testing: \_\_\_\_\_ IEP \_\_\_\_\_ Title Services \_\_\_\_\_ Special Education Services \_\_\_\_\_

Reason for evaluation \_\_\_\_\_

**Check any that apply:**

Student lives with: Mother \_\_\_\_\_ Father \_\_\_\_\_ Both parents \_\_\_\_\_ Other \_\_\_\_\_  
(Please Specify)

If students lives with only one parent, name of the other parent: \_\_\_\_\_

Does the other parent have: joint custody \_\_\_\_\_ visitation rights \_\_\_\_\_ neither \_\_\_\_\_ ? Explain, if necessary:

**Name of Student #2** \_\_\_\_\_

First Middle Last  
Date of Birth \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Ethnicity: Hispanic/Latino Yes \_\_\_\_\_ No \_\_\_\_\_

**Federal Race** (May select one or more): American Indian or Alaskan Native \_\_\_\_\_ Asian \_\_\_\_\_  
Native Hawaiian or Other Pacific Islander \_\_\_\_\_ Black or African American \_\_\_\_\_ White \_\_\_\_\_

Grade for 2016-2017: K4 K5 1 2 3 4 5 6 7 8

School attended 15/16: Christ-St. Peter or \_\_\_\_\_

Student Baptized?: Yes \_\_\_\_\_ No \_\_\_\_\_ Home Church and Location: \_\_\_\_\_

**Has your child ever received any of the following?** (Check any that apply):

Evaluative Testing: \_\_\_\_\_ IEP \_\_\_\_\_ Title Services \_\_\_\_\_ Special Education Services \_\_\_\_\_

Reason for evaluation \_\_\_\_\_

**Check any that apply:**

Student lives with: Mother \_\_\_\_ Father \_\_\_\_ Both parents \_\_\_\_ Other \_\_\_\_  
(Please Specify)

If students lives with only one parent, name of the other parent: \_\_\_\_\_

Does the other parent have: joint custody \_\_\_\_ visitation rights \_\_\_\_ neither \_\_\_\_ ? Explain, if necessary:

**Name of Student #3**

First Middle Last  
Date of Birth \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Ethnicity: Hispanic/Latino Yes \_\_\_\_ No \_\_\_\_

**Federal Race** (May select one or more): American Indian or Alaskan Native \_\_\_\_ Asian \_\_\_\_  
Native Hawaiian or Other Pacific Islander \_\_\_\_ Black or African American \_\_\_\_ White \_\_\_\_

Grade for 2016-2017: K4 K5 1 2 3 4 5 6 7 8

School attended 15/16: Christ-St. Peter or \_\_\_\_\_

Student Baptized?: Yes \_\_\_\_ No \_\_\_\_ Home Church and Location: \_\_\_\_\_

**Has your child ever received any of the following? (Check any that apply):**

Evaluative Testing: \_\_\_\_ IEP \_\_\_\_ Title Services \_\_\_\_ Special Education Services \_\_\_\_

Reason for evaluation \_\_\_\_\_

**Check any that apply:**

Student lives with: Mother \_\_\_\_ Father \_\_\_\_ Both parents \_\_\_\_ Other \_\_\_\_  
(Please Specify)

If students lives with only one parent, name of the other parent: \_\_\_\_\_

Does the other parent have: joint custody \_\_\_\_ visitation rights \_\_\_\_ neither \_\_\_\_ ? Explain, if necessary:

**All other minor children in the family (not listed previously):**

Name	Age	Grade	School	Baptized
				Yes __ No __
				Yes __ No __
				Yes __ No __
				Yes __ No __

**Name of Student #4** \_\_\_\_\_

First Middle Last  
Date of Birth \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Ethnicity: Hispanic/Latino Yes \_\_\_\_\_ No \_\_\_\_\_

Federal Race (May select one or more): American Indian or Alaskan Native \_\_\_\_\_ Asian \_\_\_\_\_  
Native Hawaiian or Other Pacific Islander \_\_\_\_\_ Black or African American \_\_\_\_\_ White \_\_\_\_\_

Grade for 2016-2017: K4 K5 1 2 3 4 5 6 7 8

School attended 15/16: Christ-St. Peter or \_\_\_\_\_

Student Baptized?: Yes \_\_\_\_\_ No \_\_\_\_\_ Home Church and Location: \_\_\_\_\_

**Has your child ever received any of the following? (Check any that apply):**

Evaluative Testing \_\_\_\_\_ IEP \_\_\_\_\_ Title Services \_\_\_\_\_ Special Education Services \_\_\_\_\_

Reason for evaluation \_\_\_\_\_

**Check any that apply:**

Student lives with: Mother \_\_\_\_\_ Father \_\_\_\_\_ Both parents \_\_\_\_\_ Other \_\_\_\_\_  
(Please Specify)

If students lives with only one parent, name of the other parent: \_\_\_\_\_

Does the other parent have: joint custody \_\_\_\_\_ visitation rights \_\_\_\_\_ neither \_\_\_\_\_ ? Explain, if necessary:

\_\_\_\_\_