



Anchor
LUTHERAN SCHOOL

ALSAlaska.org
8100 Arctic Blvd.
Anchorage, AK 99518
Phone (907) 522-3636
Fax (907) 522-3359

APPLICATION FOR ADMISSION

Preschool/Childcare		K-6 Child Watch	Grade	
<input type="checkbox"/> Mon-Fri	<input type="checkbox"/> Full Days	<input type="checkbox"/> Before School	<input type="checkbox"/> Kindergarten	
<input type="checkbox"/> M, W, F	<input type="checkbox"/> Part Days	<input type="checkbox"/> After School	<input type="checkbox"/> 1	<input type="checkbox"/> 5
<input type="checkbox"/> T, Th		<input type="checkbox"/> Summer - Full Time	<input type="checkbox"/> 2	<input type="checkbox"/> 6
		<input type="checkbox"/> Summer - Part Time	<input type="checkbox"/> 3	<input type="checkbox"/> 7
			<input type="checkbox"/> 4	<input type="checkbox"/> 8

**NOTE: YOUR REGISTRATION FEE MUST ACCOMPANY THIS FORM.
THIS FEE IS NON-REFUNDABLE.**

CHILD'S Last Name _____ First _____ Middle _____
 Home Address: _____
Street City Zip
 Date of Birth: ____ / ____ / ____ Place of Birth: _____ Gender: M F
 Is Child Baptized: Y N If yes, date: _____ Church Now Attending: _____
 Most Recent School: _____

PARENTS' Status Married Separated Divorced Single Parent Other _____
 CHILD Lives With Both Parents Mother & Stepfather Father & Stepmother Joint Custody
 Mother Only Father Only Other: _____ Legally Adopted
 Names and ages of siblings living in the home: _____
 Names and relation to child of other adults living in the home: _____

MOTHER'S Last Name _____ First _____ Email _____
 Home Address (if different than child): _____
 Mailing Address (if different than home): _____
 Phone: Cell _____ Text OK Home _____ Work _____
 Occupation: _____ Employer: _____
 If remarried, Current Spouse's Name _____ Cell _____

FATHER'S Last Name _____ First _____ Email _____
 Home Address (if different than child): _____
 Mailing Address (if different than home): _____
 Phone: Cell _____ Text OK Home _____ Work _____
 Occupation: _____ Employer: _____
 If remarried, Current Spouse's Name _____ Cell _____

For Office Use Only

Received by: _____	Date Received: _____	Registration Paid <input type="checkbox"/> Cr/D Card <input type="checkbox"/> Ck/Cash	Desired Start (Mo/Yr): _____
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If there is information of which the school should be made aware concerning an individual who is not to be in contact or picking up your child (i.e. custody issues), please indicate that information below, and **attach legal documentation**.

Name: _____ Relationship to Child: _____

Reason: _____

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Emergency contacts and other adults authorized to pick up your child will be submitted on a separate form upon acceptance.

--- Please Complete the Questions Below ---

How did you learn about our school? (Please check as many ways as applicable.)

- Online/Website Radio Mailing Open House Facebook Instagram Other: _____
 Word-of-Mouth Recommendation; Whom may we thank? _____

What has motivated you to enroll your child in Anchor Lutheran School? What goals do you have for your child? Please be specific.

Describe your child's social skills and his/her ability to relate to other children and adults:

Please indicate any circumstances that continue to impact school achievement or activity of your child (i.e. extensive travel, illness, grades repeated, diagnosed learning differences):

Does your child have any health or physical limitations? **Y N** If yes, explain fully:

Has the applicant ever been suspended or expelled from school? **Y N** If yes, share when and briefly explain the circumstances:

Ethnicity of child (optional, used only for statistical reporting):

- African American AK Native American Indian Asian Caucasian Hispanic Other: _____

Please initial to acknowledge and accept each of the statements below:

- Anchor Lutheran School welcomes all applicants and admits students of any gender, race, color, national or ethnic origin, age, or disability to all rights, privileges, programs and activities generally accorded or made available to students at our school. We do not discriminate on the basis of gender, color, race, national or ethnic origin, age, or disability in the administration of our educational policies, scholarship and financial aid programs, or athletic and other school-administered programs. _____ (Initials)
- The Alaska Office of Children's Services has the authority to interview children or staff, and to inspect and audit records regarding your child, without prior consent. _____ (Initials)
- Consent is given to ALS to use images/video of my child for release to the newspaper for stories about the school, for other media releases, posting on bulletin boards, school promotional purposes, etc. _____ (Initials)

By signing, I agree to the policies and procedures in the Parent Handbook.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____