

# FIRST LUTHERAN SCHOOL

18181 I-30 Frontage Road Benton, AR 72015  
Phone: (501) 317-1325 – Admin@flsbenton.com

## Application for Enrollment

School Year: 2025-26

### Student Information

Full Name: \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Ethnic Origin:  African-American  Asian  Caucasian  Other \_\_\_\_\_

Name of Current School/Day Care	Location	Grade	Dates Attended
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Name of Previous School(s)	Location	Grade	Dates Attended
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### Parent/Guardian Information

#### FATHER'S INFORMATION

Relationship to Applicant:  Father  Step-Father  Legal Guardian

Marital Status:  Married  Separated  Divorced  Remarried  Single

Parent/Guardian: \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Preferred Name \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Position: \_\_\_\_\_

Work Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

## MOTHER'S INFORMATION

Relationship to Applicant:  Mother  Step-Mother  Legal Guardian

Marital Status:  Married  Separated  Divorced  Remarried  Single

Parent/Guardian: \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Preferred Name \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Position: \_\_\_\_\_

Work Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Student lives with (Check all that apply):  Mother  Father  Legal Guardian  Stepmother  Stepfather  Other \_\_\_\_\_

Student's parent(s):  Married  Separated  Divorced  Deceased

If divorced, which spouse holds legal responsibility for the school decision? \_\_\_\_\_ (Please submit notarized copies of all court documents signed by a judge regarding custody and educational decisions along with the application).

### Signatures

As the parent(s) or guardian of the student applying for enrollment at First Lutheran School (FLS), I/we state that we have understood:

- The process of enrollment to include the completion and return of this form, all records, and all signatures required on documents.
- A minimal criteria is required for students wanting to enroll in First Lutheran School
- A observation day in which the child is observed partial day/full day at First Lutheran School to determine best academic setting for the student, and that the observation day does not guarantee the student's placement at First Lutheran School
- A parent meeting to discuss observations, possible test scores (therapeutic, academic, etc.), the student's abilities to adhere to the minimal enrollment requirements, and potential academic and/or alternative academic placements may be necessary prior to student beginning classes
- First Lutheran School is a Christian based organization based on Biblical principles and will implement these principles daily through prayer, Christian based curriculum, music, art, character education, and discipline with the students.

As the parent(s) or guardian, I/we also pledge to work with staff, administration and faculty to assist and encourage our students to be successful at home, in the community, and in academic programming. We also will partner and cooperate with the school in the Christian education of my/our child. I further understand and acknowledge that to continue enrollment of my/our child, if admitted to the school, we shall be subject to the payment of all tuition and fees to be paid according to the fee/tuition schedule.

Please initial all applicable statements:

A. I give my permission to First Lutheran School to correspond with my child's previous school, medical, and/or therapy provider for the purposes of obtaining pertinent medical/therapeutic/academic testing/procedures, etc. beneficial to the success and placement of the student in First Lutheran School I understand that the contents of the correspondence and contact with the said professionals shall remain confidential and WILL NOT be released to me.

B. Full disclosure of behavioral, neurological, and physical history affecting school performance shall be specifically expressed in writing by parents and attached. We must have this information to make appropriate decisions about how we can serve the child.

C. We have received, read, and understood all admissions policies, criteria and procedures.

D. We agree to read and follow the guidelines in the parent/student handbook.

I have read and agree with the above marked statements as well as the procedure of the application enrollment process of First Lutheran School.

Father's Signature \_\_\_\_\_  
Date: \_\_\_\_\_

Mother's Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

#### Non-Discriminatory Policy

First Lutheran School admits students of any race, color, national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. The school does not discriminate on the basis of race, color, national or ethnic origin, the administration of its education, admission policies, tuition assistance, athletic and other school-administered programs.

#### Behavior

1. Has the student ever been suspended, expelled, or asked to be withdrawn or placed on behavioral plans through an academic/daycare setting?  Yes  No

If yes, explain: \_\_\_\_\_

2. Does the student have a medical history of drug/alcohol exposure and/or traumatic birth?  Yes  No If yes, explain: \_\_\_\_\_

3. Does the student have any physical or emotional condition which might require special consideration?

Yes  No If yes, explain: \_\_\_\_\_

4. Has the student ever been known to do harm to self or others?  Yes  No

If yes, explain: \_\_\_\_\_

5. Does the student reside or recently resided in an unstable home environment:  Yes  No

If yes, please explain: \_\_\_\_\_

#### Learning Differences

1. Has the student ever been enrolled in a school/classroom for special needs?  Yes  No Which type of classroom setting (self-contained, resource, inclusion, etc.)?  
\_\_\_\_\_  
\_\_\_\_\_

2. Is your student currently under an IEP or considered under section 504 at his/her current school?  Yes  No  
If yes, please list the qualifying disability for which the student is served: \_\_\_\_\_

Name of school in which the student receives an IEP or is under section 504: \_\_\_\_\_

3. Has the student ever repeated a grade?  Yes  No  
If yes, explain: \_\_\_\_\_

4. Has the student ever been diagnosed as having any learning disorders or learning disabilities?  Yes  No  
If yes, explain: \_\_\_\_\_

5. Has the student ever been psychologically tested for social/emotional/coping difficulties?  Yes  No  
If yes, explain: \_\_\_\_\_

6. Has the student received a psycho-educational examination?  Yes  No  
If yes: \_\_\_\_\_  
(date of evaluation) \_\_\_\_\_ (examiner/facility) \_\_\_\_\_

7. Is the student receiving any classroom or work modifications at school?  Yes  No  
If yes, please explain what type of modifications are being provided: \_\_\_\_\_

8. Has the student ever received therapy or academic tutoring outside of school (speech/language, occupational, physical therapy, math, other)?  Yes  No  
If yes, explain: \_\_\_\_\_

9. Does your child have any special medical considerations? (vision loss, hearing loss, ambulation difficulties, tube fed, severe allergies, tics, etc.)  Yes  No  
If yes, explain: \_\_\_\_\_

### Perspectives

What are your child's strengths? \_\_\_\_\_

What are your child's weaknesses? \_\_\_\_\_

What are your child's special interests? \_\_\_\_\_

What do you consider to be your child's stressors/anxieties? \_\_\_\_\_

Do you feel that your student copes well to new situations and people?  Yes  No  
If no, please explain: \_\_\_\_\_

### Additional Information

Any additional information you would like to share with First Lutheran School:

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How did you first learn about First Lutheran School? Check all that apply.

Direct Mail       Church affiliation       Billboard/signage  
 Internet/ Web Search       Website  
 Community Event       Business card

Teacher referral: \_\_\_\_\_  
Name \_\_\_\_\_

FLS Family: \_\_\_\_\_  
Name \_\_\_\_\_

Therapist referral: \_\_\_\_\_  
Name \_\_\_\_\_

Other: \_\_\_\_\_

Family Church Name: \_\_\_\_\_ Does the whole family attend this church?  Yes  No

Is the student baptized?  yes  no      Enrolled in Sunday School?  yes  no

Sibling Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Please describe your concept of Christian education and why it is important to you and your family.

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## Finances

1. I understand First Lutheran School fees and my financial obligations.  Yes  No

2. How will tuition and fees be paid? Self-Pay  LEARNS ACT  Other Scholarship