

FIRST LUTHERAN SCHOOL

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

Application for Enrollment

School Year: 2026-27

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

Name of Previous School(s) Location Grade Dates Attended

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 _____ Mother's Signature: _____
Date: _____ 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:

