THE LUTHERAN ACADEMY, SCRANTON - STUDENT APPLICATION



THE LUTHERAN ACADEMY

A MINISTRY OF PEACE LUTHERAN CHURCH Located at 1546 Monsey Ave. Scranton, PA 18509 570-507-9108

Today's Date:			
For enrollment beginning:	(Grade:	
Student's full name:			
Address:			
City:			
Home Phone:			
Student's Date of Birth:			
Student's Place of Birth (city & state	e):		
Father's Name:	Religious affili	ation:	
Mother's Name:	Religious affili	Religious affiliation:	
Occupation and business of pare	ent(s):		
Father:			
Father:(Occupation)	(Business Address)	(Phone)	
Mother:			
(Occupation)	(Business Address)	(Phone)	
Names and ages of siblings:			
Has the applying student been bap	tized? yes no Date bapt		
If yes, In which church?	(Name of church, City, State)		
		,	
Name of Church presently attending	g: (Name of church, City, State))	

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	ne: which the student previously attended:	
Dates Attended	School – name and address	
How did you learn abou	t THE LUTHERAN ACADEMY?	
Has your student ever re	epeated a grade? O yes O no If yes, whicl	n one(s)?
PLEASE LIST: Physical, emotional or p etc.	perceptual handicaps, birth defects, speech d	ifficulties, allergies,
_	IS: e any particular behavioral problems that coul s in a school setting? Please explain:	d present academic
	a current IEP? O yes O no	
	n IEP evaluation in the past? O yes O no	
	e a service plan? Oyes O no	
Does your student recei	ive these services: O reading O math	○ speech
How would you describe	e your student's personality?	
	onally shy or timid?	

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Student Applicant's name:		
What are your student's favorite pa	astimes or interests?	
Please list 3 non-family member re your student. We request one refer	• • • • • • • • • • • • • • • • • • •	
Name	Phone	Relationship
period. By signing this application, application, the acknowledgment the structure. And in all matters, studenthe Lutheran Academy, Scranton.	hat this is a place for Christiar nt and parent will abide by an	n education-classical in
PARENT/GUARDIAN	N SIGNATURE	DATE
Date Received:		_
Descived by		

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