



## APPLICATION FOR ADMISSION

A non-refundable application fee of \$125.00 must accompany this application.

### GENERAL INFORMATION

Applicant's Full Name \_\_\_\_\_  
Last First Middle

Preferred Name \_\_\_\_\_ Grade interest \_\_\_\_\_ Enrollment date \_\_\_\_\_  
(month/year)

Date of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_ Entering grade \_\_\_\_\_  
(Jr K-8th)

Home Address \_\_\_\_\_

\_\_\_\_\_ Telephone \_\_\_\_\_

### FAMILY INFORMATION

Parent/Guardian 1

Parent/Guardian 2

Copy on correspondence?  Yes  No

Full Name \_\_\_\_\_

\_\_\_\_\_

Mr.  Mrs.  Dr.  Ms.  Other

Mr.  Mrs.  Dr.  Ms.  Other

Email \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_  
(if different from applicant)

\_\_\_\_\_

Telephone \_\_\_\_\_  
(cell/home)

\_\_\_\_\_ (cell/home)

Church Membership \_\_\_\_\_

\_\_\_\_\_

Occupation/ Position \_\_\_\_\_

\_\_\_\_\_

Business/ Employer \_\_\_\_\_

\_\_\_\_\_

College or University \_\_\_\_\_

\_\_\_\_\_

**IF APPLICABLE**

Check all that apply:     Father Deceased                       Parents Divorced                       Father Remarried  
                                  Mother Deceased                       Parents Separated                       Mother Remarried

Extra  
Parent(s)

\_\_\_\_\_  Mr.  Mrs.  Dr.  Ms.  Other

\_\_\_\_\_  Mr.  Mrs.  Dr.  Ms.  Other

Copy on correspondence?  Yes  No

Copy on correspondence?  Yes  No

Email

\_\_\_\_\_

\_\_\_\_\_

Address

\_\_\_\_\_

\_\_\_\_\_

*(if different from applicant)*

Telephone

\_\_\_\_\_

\_\_\_\_\_

(cell/home)

(cell/home)

Church

Membership

\_\_\_\_\_

\_\_\_\_\_

Occupation/  
Position

\_\_\_\_\_

\_\_\_\_\_

Business/  
Employer

\_\_\_\_\_

\_\_\_\_\_

College or  
University

\_\_\_\_\_

\_\_\_\_\_

Other children in family

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Applicant's Grandparents (if living)

Name \_\_\_\_\_

\_\_\_\_\_

Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SCHOOL INFORMATION**

Name of current school \_\_\_\_\_

Currently enrolled in grade \_\_\_\_\_ Years at current school \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Principal/Head of School \_\_\_\_\_

Teacher \_\_\_\_\_

RLS may request my student's school records (Grades 1-8)  Yes  No

Applicant's extracurricular activities, hobbies, special interests \_\_\_\_\_

Has the applicant ever had any educational, psychological or neurological evaluation?  Yes  No  
If yes, please indicate date, type of testing, and examiner.

Is the applicant currently being counseled by a psychologist or other therapist?  Yes  No  
If yes, please indicate name, address, and telephone number.

May we contact this individual?  Yes  No

Has applicant ever been requested to withdraw from any school?  Yes  No  
If yes, please explain in an accompanying letter.

***IMPORTANT***

Why do you wish to enroll your child at Resurrection Lutheran School (RLS)? \_\_\_\_\_

What are your expectations of RLS? \_\_\_\_\_

## SCHOOL OFFICE INFORMATION

If you are interested in parent volunteer opportunities, please share where you believe your gifts would be put to best use.

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Names relatives/friends who have been students at Resurrection Lutheran School:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Class \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Class \_\_\_\_\_

How did you hear about RLS? \_\_\_\_\_

Name of RLS referral, if applicable? \_\_\_\_\_

## BUSINESS OFFICE INFORMATION

Name and address of individual responsible for tuition and bills \_\_\_\_\_

Do you plan to apply for financial aid (need based)? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(Financial Aid decisions are made independent of admissions decisions.)

If you are requesting aid, please visit <https://online.factsmgmt.com/signin/4GONY> to complete application following acceptance.

*In consideration of the undertaking of Resurrection Lutheran School to process this application and related forms, I hereby agree that the information furnished on this form, together with all information and materials of any kind received at RLS from any source, or prepared by anyone at the School's request, shall be confidential and shall not be disclosed to anyone, including me and my family, except as the Admissions Director may, for official purposes and at his/her discretion, disclose any part thereof to such person or persons as deemed advisable*

*I declare that the information reported on this form, to the best of my knowledge and belief, is true, correct, and complete at the date of this application. I am submitting herewith the non-refundable application fee of \$100.00.*

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

*Resurrection Lutheran School prohibits in all its programs discrimination against or harassment of any individual or group based on gender, race, color, sexual orientation or religion.*

Return to:

**Director of Admissions: 100 W. Lochmere Dr., Cary, NC 27518 or [admissions@rlscary.org](mailto:admissions@rlscary.org)**