



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 _____
(required)

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 _____

Affiliation _____

(required)

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 living Grandparents *(required)*

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 _____

IMPORTANT

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

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.

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? _____

CONFIDENTIAL REFERENCE FORM

Applicants should provide email addresses for the reference forms on the Application for Admissions.
**Homeschool students should provide emails for co-op teachers.*

Junior Kindergarten/Kindergarten: Current teacher plus co-teacher, Administrator, Resource Teacher, if applicable.

Grades 1-5: Current Core Teacher, Principal or Guidance Counselor, Resource Teacher, if applicable.

Grades 6-8: ELA Teacher, Math Teacher, Guidance Counselor, Principal, Resource Teacher, if applicable.

Reference #1 Email _____

Reference #2 Email _____

Reference #3 Email (optional) _____

BUSINESS OFFICE INFORMATION

Name/address of individual responsible for tuition and bills

Do you plan to apply for the [Multi-Child Assistance Program](#)? Yes No

Do you plan to apply for the [Opportunity Scholarship](#)? Yes No

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

Junior Kindergarten is not eligible for financial aid.

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 \\$125.00.](#)

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:

**Rosie Creasy, Director of Admissions: 100 W. Lochmere Dr., Cary, NC 27518 or
admissions@rlscary.org**