



SALEM LUTHERAN SCHOOL
A NATIONAL BLUE RIBBON SCHOOL

Applications accepted beginning September 1

New Student Application/Registration Procedures



APPLICATION FOR ADMISSION

Applications may be picked up at the school office Monday through Friday from 8:30 a.m. to 4:00 p.m. Applications should be completed with a copy of the child's birth certificate attached and returned to the School Office with a check or money order for \$50.

TEACHER'S EVALUATION

A Teacher's Evaluation form should be forwarded to the child's current teacher for completion prior to the child's evaluation. The current teacher may mail this confidential evaluation to Salem Lutheran School under separate cover, along with any supporting documents including report cards and school evaluation forms.

WAITING LIST

Applications are accepted for the next school year beginning September 1 and names are placed on the waiting list in order of date received. Applicants are contacted in list order, with the following students receiving priority:

1. Students with siblings attending Salem Lutheran School
2. Salem Lutheran Church members

EVALUATION

Beginning March 1, the School Office will contact parents on the waiting list to schedule an evaluation of their child. A check or money order for \$50. payable to Salem Lutheran School is due at the time of evaluation.

ACCEPTANCE

After the evaluation is completed, the teacher and principal meet to review the results and then parents are contacted to discuss the outcome. If the student is accepted, an Enrollment Form is sent to them for completion.

COMPREHENSIVE FEE

A non-refundable \$450.00 Comprehensive Fee is collected at the time the Enrollment Form is submitted. This fee includes registration, activity fee, book fee, insurance and other items. Payment of this fee guarantees the child's space in class.

REGISTRATION PACKET

Registration packets are given to all incoming students in May. Forms should be completed and returned to the School Office.



SALEM LUTHERAN SCHOOL
1211 N. Brand Blvd., Glendale, Ca. 91202
Phone: (818) 243-8264 Fax (818) 243-4491



**THIS IS A CONFIDENTIAL FORM, WHEN COMPLETE, PLEASE
FAX OR MAIL**

TEACHER'S EVALUATION FORM:

Student's Name _____ Applying for Grade _____ Birth date _____
Current School _____ Sex _____
Teacher's Name _____ Date _____

PLEASE NOTE YOUR IMPRESSIONS OF THE CHILD. USE ADDITIONAL SHEETS IF NEEDED.

ABILITY TO COMMUNICATE ORALLY:

RELATIONS WITH OTHER CHILDREN:

ACHIEVEMENTS IN SCHOOL:

INTERESTS:

EMOTIONAL BEHAVIOR:

OVERALL IMPRESSION:

TEACHER'S EVALUATION FORM - continued

How would you rate the following abilities for this student? Check one	Needs Improvement	Developing	Age Appropriate	Very Good	Excellent
Academic ability	—	—	—	—	—
Academic performance	—	—	—	—	—
Interest in learning	—	—	—	—	—
Self-direction	—	—	—	—	—
Written expression: mechanics	—	—	—	—	—
Written expression: content	—	—	—	—	—
Oral expression	—	—	—	—	—
Problem solving	—	—	—	—	—
Creativity	—	—	—	—	—
Ability to work in groups	—	—	—	—	—
Seeks help if needed	—	—	—	—	—
Contributes in classroom	—	—	—	—	—
Follows directions	—	—	—	—	—
Ability to focus	—	—	—	—	—
Conduct	—	—	—	—	—
Study skills/organization	—	—	—	—	—
Fulfills responsibilities	—	—	—	—	—
Handles complex tasks	—	—	—	—	—

General Comments: Please add any comments that you believe would help describe this student's unique strengths and/or needs:

TO THE ADMINISTRATOR / PRINCIPAL: CONFIDENTIAL

Please provide the following information:

The parents of the above mentioned child:

_____ have made all tuition and other payments in a timely manner.

_____ have an outstanding debt with the school.

_____ This is not applicable to this applicant's family.

_____ Last date of attendance.

Has this child ever been placed on: _____ Academic Probation? or _____ Behavioral Probation?

Does this child have an _____ IEP? or _____ 504?

If the answer is yes, please explain: _____

TO THE ADMINISTRATOR / PRINCIPAL: CONFIDENTIAL - continued

If this student were to seek re-enrollment in your school, would you allow them to re-enroll? _____

If the answer is no, please explain: _____

We appreciate your candor. Please be assured your statements will become part of our confidential admissions files for use only by appropriate officials of the school. At no time will the applicant have access to it. It will not become part of any permanent records.

Additional comments: _____

Administrator signature _____ Date _____

School _____ Telephone _____

Address _____ City & State _____

Thank you for taking the time to complete this evaluation.

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Fax: (818) 243-4491**



APPLICATION FOR ADMISSION

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Glendale 91202 Phone: (818) 243-8264
www.salemlutheranglendale.school.org

Grade Entering _____
Age _____



Student: _____
(Last name) (First) (Middle)

Date of Birth _____ Place of Birth _____ Sex: _____

Previous School Attended: _____ Dates: _____

Reason for Leaving: _____

Married ___ Divorced ___ Separated ___ Widowed ___ Guardian ___

Father: _____ Address _____
Last First Street City Zip
Telephone _____ E-mail Address _____

Mother: _____ Address _____
Last First Street City Zip
Telephone _____ E-mail Address _____

Other Children: _____ Attending Salem? _____
Name Age
_____ Attending Salem? _____
Name Age

Parents Place of Business:

Father _____
Occupation Employer Address Telephone

Mother _____
Occupation Employer Address Telephone

Church Affiliation Mother _____ Father _____ Attend Regularly? _____

What is the main reason for wanting your child to attend our school?

How did you hear about our school? _____

Please include with this application:

- A \$50.00 application fee
- A \$50.00 evaluation fee
- A copy of your child's birth certificate
- The attached Teacher Evaluation Form from your child's previous school
- A copy of your child's most recent grades (needed for applications of grades 1-8)

**THE ABOVE MUST ACCOMPANY THIS APPLICATION IN ORDER FOR IT TO BE VALID.
PLEASE CALL IF YOU HAVE ANY QUESTIONS (818) 243-8264.**

Signature of Parent/Guardian Date