



**EDUCATIONAL INFORMATION**

Student's Previous School \_\_\_\_\_  
School Name City Current Grade

Have you ever applied to Ascension Lutheran School before? \_\_\_No\_\_\_ Yes When? \_\_\_\_\_

***How did you hear about Ascension Lutheran School?***

- Know a school or church family Name \_\_\_\_\_
- Heard from community members/neighbors about our school
- Saw our sign on Hillcrest Drive
- Saw our ads in the Thousand Oaks Star
- Visited our website

**Why are you interested in having your child attend Ascension Lutheran School?**

**What would you like to see Ascension Lutheran provide for your child and why?**

**Does your child have special learning concerns, health concerns, behavioral, personal, social , emotional or other concerns of which we should be aware?**

**Is there any additional information that you feel will be helpful in considering your child's application?**

Date \_\_\_\_\_ Signature \_\_\_\_\_  
Parent/Guardian