

Chisago Lakes Baptist School

9387 Wyoming Trail – Chisago City, MN 55013 (651) 257 – 4587 Fax: (651) 257 – 3888 E-mail: schooloffice@clbspatriots.org

KINDERGARTEN STUDENT APPLICATION

STUDENT INFORMATION

Date of Application: _____

- Male
 Female

Last Name First Name Middle Name

Street Address City State/Zip Home Phone Number

Student's Place of Birth Date of Birth Grade to Enter Public School District in Which You Live

Please list any persons who may *NOT* pick up your child. _____

Does this student Take medication Have a physical handicap Have an illness which might affect the learning process? If
any boxes are checked, please explain. _____

FAMILY INFORMATION

Father's Last Name First Name Middle Initial

Address (if different than student's) please give Street – City – State – Zip Code

Occupation Employer Employer's Phone Number

Mother's Last name First Name Middle Initial

Address (if different than student's) please give Street – City – State – Zip Code

Occupation Employer Employer's Phone Number

Other members of the immediate family Older Brothers # ____ Older Sisters # ____ Younger Brothers # ____
 Younger Sisters # ____ Relatives living at home (i.e. grandparent, aunt, uncle, cousin, etc. please list)

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CHURCH AFFILIATION

Present Membership

Church's Name: _____

Phone Number: _____

Address: _____

Pastor's Name: _____

Brief Salvation Testimony

Father: (optional) _____

Mother: (optional) _____

Applicant: (if saved – grades 7-12 is a requirement) _____

GENERAL INFORMATION

How did you hear about Chisago Lakes Baptist School? _____

Why do you want your son or daughter to attend Chisago Lakes Baptist School? _____

Father's Signature: _____

Date: _____

Mother's Signature: _____

Date: _____

Email Address: _____

Entrance Test Scores
Reading _____
Math _____

Accepted: Yes No Conditional
 Recommend Placing in Different Grade Grade _____
By: _____