



# APPLICATION FOR ADMISSION

*(All information received will be confidential)*

✉ info@journeyslutheran.org

☎ (414) 461-8500

📍 5425 S. 111th Street Hales  
Corners, WI 53130

Please fill out and send this application to [info@journeyslutheran.org](mailto:info@journeyslutheran.org)

## BASIC DETAILS

Name of Child:

Last Name

First Name

MI

Age:

Date of Birth:

Sex:

Race:

Birth Place (City/State):

Soc Sec #:

Home Address:

Street

City/State

ZIP

Parents/Guardian:

Home Phone:

Cell Phone:

Email Address:

My child takes the following medications:

When Taken:

MEDICATIONS

DOSAGE

HOME

SCHOOL

Current School:

Present Grade:

Address:

Zip:

Referred by:

Retention in what grades:

I will  will not  be applying for the Milwaukee School Choice Program,  
Wisconsin Parental Choice Program (must meet financial eligibility set by the State of  
Wisconsin)

My student is in the Special Needs Scholarship Program? Yes  No

Person responsible for transporting your child to and from school:

Relationship to child:

Cell Phone:

Home Phone:

## **FAMILY DATA**

1. Child's legal guardian(s):
2. Are natural parents divorced or separated?
3. Are either or both the natural parents deceased?
4. Is the child adopted?
5. Names and ages of other children living in the home:
  
6. Number of people other than immediate family are in your household:
7. Church membership at:  
Address: Zip:  
Pastor's name:  
Date of child's baptism:

8. Father's occupation:  
Where employed? Phone:
9. Mother's occupation:  
Where employed? Phone:

## **MEDICAL HISTORY**

**CURRENT IMMUNIZATION RECORD MUST BE RETURNED *with application to be considered for placement.* You can receive a copy from your doctor.**

1. Name, address, and phone number of family doctor:
  
2. List illnesses your child has had, giving date, severity, and any after effects:

3. Please give dates of immunizations and/or booster shots: (student 's immunizations must be up to date - State of Wisconsin regulation) OR submit current record from doctor.

Polio

Measles

Small Pox

DPT

Tetanus

HepB

Other

## **SCHOOLING**

1. List the schools attended, plus the following:

SCHOOL

YEAR

GRADE

REASON WITHDREW

2. Public school your child would attend:

School District:

3. Date of last IEP Meeting:

Other testing done and by whom:

My child was found to have a disability in the following areas:

Mental

Physical

Emotional

Learning

Behavioral

None

Classification:

Inability to honestly share info regarding your child's learning/behavior difficulties as recorded in school records and files may result in applicant being denied placement in an Journeys Lutheran program or dismissed from a Journeys Lutheran program.

4. List any additional services your child qualifies for (i.e. speech, language, occupational):

**PSYCHOLOGICAL EVALUATION** (Required for admission)

1. Please give the name and address of the agency who most recently evaluated your child: *(if applicable)*

Once complete, please save the application as a PDF to your computer and email it to [info@journeyslutheran.org](mailto:info@journeyslutheran.org).