



# The Lutheran School of Flushing & Bayside

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## Re-Enrollment Application 2011-2012

(To be completed and submitted with the \$150.00 registration fee.)



### STUDENT INFORMATION

Re-Enrollment Date \_\_\_\_\_ 2011-2012 Grade \_\_\_\_\_

**Student Name** \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
(Last) (First) (Middle)

\_\_\_\_\_  
(# and Street) (Apt. #) (City) (State) (Zip Code)

Student Cell Phone, if any: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Student Email, if any \_\_\_\_\_

### PARENT(S)/GUARDIAN(S) INFORMATION - PLEASE FILL OUT COMPLETELY

**Name 1** \_\_\_\_\_ Relationship to student \_\_\_\_\_  
(Last) (First) (Middle)

Cell Phone \_\_\_\_\_ Work Phone/Ext. \_\_\_\_\_

Email \_\_\_\_\_ Home Phone \_\_\_\_\_

**Name 2** \_\_\_\_\_ Relationship to student \_\_\_\_\_  
(Last) (First) (Middle)

Cell Phone \_\_\_\_\_ Work Phone/Ext. \_\_\_\_\_

Email \_\_\_\_\_

*I understand that all rules concerning behavior, student policy, tuition and release of transcripts remain the same from the previous year unless notified by the school that a change has been made.*

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_