



MCL Pre-Enrollment Application

Student Information				
Date of Tour:		Grade Applying For:		
Last Name:	First:	Middle:		
Principal Address:				
City:		State:	Zip Code:	
Sex:	DOB:	Ethnic Group:		Citizenship:
Email (for school communication):				
Phone:	Cell:		Other:	
Current Grade:	Current School:			City:
State:	School Phone:		School Fax:	
Other Siblings applying:				
Name:		DOB:	Grade Applying:	
Name:		DOB:	Grade Applying:	
Additional Information:				
How did you become interested in a private education for your child?				
How did you hear about Mt. Calvary Lutheran School?				
Are you a member of Mt. Calvary Lutheran Church?				
Do you belong to another Lutheran Church? If yes, which one?				
ADMINISTRATIVE USE ONLY				
Chancy & Bruce Test Date:		1 st – 8 th Grade Test Date:		
Test Fees Paid:		Payment Ref:		