

Zion Lutheran Church and School

822 Western Ave
Columbus, WI 53925
Office: 920-623-5180
Email: office@zioncrusaders.com

Principal Chad Grambsch
Email: principal@zioncrusaders.com
Cell: 414-313-4308



Application for Enrollment

Child Information

Child(ren)'s Name(s)

1. _____ Birthdate: ___/___/_____ Birthplace: _____ Age: ___ Gender: ___
2. _____ Birthdate: ___/___/_____ Birthplace: _____ Age: ___ Gender: ___
3. _____ Birthdate: ___/___/_____ Birthplace: _____ Age: ___ Gender: ___

Any Siblings Younger than 4? Yes _____ No _____ If yes, please provide their names and ages:

1. _____ Age: _____
2. _____ Age: _____

Previous School: _____

Last Grade Completed: _____ Grade Applying For: _____ Year Applying For: _____

Baptized? Yes _____ No _____

Have there been difficulties in a previous school? If yes, please describe below:

Family Information

Parent(s) Name(s) _____

Address: _____

Home Phone Number: _____

Email: _____

Please circle your reason for application:

- A. WELS Lutheran Education
- B. Christian Education
- C. Deeply Structured Environment
- D. Small class sizes
- E. Challenging academics

Any other

reasons?: _____

Are you currently a member of any congregation? Yes ____ No ____

If yes, what is the congregation's denomination or affiliation? (WELS, ELS, LCMS, ELCA, United Methodist, etc.)

After reviewing all the information on this sheet, please sign below. This states that you have filled out all information correctly and have read the Zion Lutheran School Enrollment Policy and School Handbook. We will be in touch with you shortly!

Name (Print): _____

Signature: _____

Date: ____/____/_____

Submit this form to: Zion Ev. Lutheran School
Attn: Chad Grambsch
822 Western Ave.
Columbus, WI 53925