



FAITH LUTHERAN SCHOOL  
208 S. Derby, Derby, KS 67037 Ph. 316-788-1715

Website: [www.fllderby.com](http://www.fllderby.com)

### ENROLLMENT APPLICATION

K-6 Enrollment Fee: \$200

Enrollment Fee

Paid: \_\_\_\_\_

Date: \_\_\_\_\_

Ck#: \_\_\_\_\_

#### APPLICANT

Kindergarten: Must be age 5 by Aug. 31 of the school year

GRADE ENROLLING IN \_\_\_\_\_

Name: Last \_\_\_\_\_ First \_\_\_\_\_ (Preferred) \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Previous School \_\_\_\_\_ Address \_\_\_\_\_

School Phone \_\_\_\_\_ Grades Attended \_\_\_\_\_ Dates \_\_\_\_\_

Reason for Transfer \_\_\_\_\_

Church Affiliation \_\_\_\_\_ Baptized \_\_\_\_ yes \_\_\_\_ no Date of Baptism \_\_\_\_\_

#### PARENTS / GUARDIANS

Parent / Guardian #1 Relationship to Child \_\_\_\_\_

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
(If Different from Applicant)

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_ Work Phone \_\_\_\_\_

Church Affiliation \_\_\_\_\_ Denomination \_\_\_\_\_

Marital Status \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Parent / Guardian #2 Relationship to Child \_\_\_\_\_

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
(If Different from Applicant)

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_ Work Phone \_\_\_\_\_

Church Affiliation \_\_\_\_\_ Denomination \_\_\_\_\_

Marital Status \_\_\_\_\_ Spouse's Name \_\_\_\_\_

**SIBLINGS**

Name \_\_\_\_\_ Age \_\_\_\_\_ School Attending \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ School Attending \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ School Attending \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ School Attending \_\_\_\_\_

**SPECIAL NEEDS**

Please list below any special *academic, medical, or personal* needs of the child, including *allergies*.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY CONTACTS:**

Name \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_

**EMERGENCY REFERRAL INSTRUCTIONS**

In the event that I cannot be reached or make arrangements for emergency medical attention at the time of illness or accident, Faith Lutheran School will call 911 if necessary.

DOCTOR \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

HOSPITAL \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Insurance Phone Number \_\_\_\_\_ Name of Policy Holder \_\_\_\_\_

**PARENTAL AGREEMENT**

We agree to fulfill all financial obligations to Faith Lutheran School and will adhere to all policies established by Faith Lutheran School.

Parent/Guardian Signature: \_\_\_\_\_ DATE \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ DATE \_\_\_\_\_

**Faith Lutheran School admits students without regard to race, gender, color, ancestry and national origin to the all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, gender, color, ancestry, or national origin in administration of its educational policies, admissions policies, scholarship or other school-administered programs.**