



Application for Enrollment 2024-2025

Thank you for your interest in Faith Lutheran School. We are thankful for the opportunity to serve your family. Please carefully and thoroughly fill out all information on all pages of this form. The submission of an application does not constitute placement at Faith Lutheran School.

Student Information:

Student' Legal Name: _____ Grade Entering: _____
Last Name First Name Middle Name

Nick Name: _____ Sex: M F Date of Birth: _____

Father's Name: _____ Mother's Name: _____
Last Name First Name Last Name First Name

Guardian(s), if different from Parents: _____
Last Name First Name

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Father's Cell: _____ Mother's Cell: _____

Father's Work #: _____ Mother's Work #: _____

Email Address (primary) _____ Email Address (secondary) _____

Whom does student live with? Both Parents Father Mother Guardian(s)

Please provide the non-custodial parent and/or guardian(s) information listed below:

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell 1: _____ Cell 2: _____

Email Address (primary:) _____ Work #: _____

Religion

Student's Religion _____ Church Home: _____

Has the student been baptized? Yes No If yes, date baptized _____

If you are looking for a church home or desire more information, does our Evangelism and Outreach Board and/or Pastor Thomas Johnson have permission to contact you? Yes No

How did you hear about Faith Lutheran School: _____

Ethnicity of the student:

Hispanic/Latino including Cuban, Mexican, Puerto Rican, South or Central American or other Spanish origin.

Race of the student:

Asian Black Caucasian/White American Indian/Alaska Native Native Hawaiian/Pacific Islander

Academic History:

Does this student have a current IEP (Individual Education Plan), 504 Plan, or has the student had one in the past?

Yes No If yes, date of last IEP _____

Has your student ever had any special accommodations? Yes No If yes, please describe: _____

IEP?

School student attended _____
School Name School Administers Name Phone

Address: _____ City: _____ State: _____ Zip: _____

IEP?

School student attended _____
School Name School Administers Name Phone

Address: _____ City: _____ State: _____ Zip: _____

If your child has been to more than two different schools, please let the school administrator know during your interview.

Siblings:

Name: _____ DOB: _____ School: _____ Grade: _____

Name: _____ DOB: _____ School: _____ Grade: _____

Name: _____ DOB: _____ School: _____ Grade: _____

List others, not listed above, who live in the home with the student also note relationship: _____

Health Information:

Does the student have any condition, disability, or challenge that may impact academic performance or require special equipment, therapy, or assistance? Yes No

List any medications taken regularly: _____

List previous hospitalizations and/or surgeries: _____

List any allergies (medications, food, insect bites, etc...): _____

Please indicate if the student has any of the following medical concerns:

- | | |
|---|--|
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Headaches or Migraines |
| <input type="checkbox"/> Serious head injury or loss of consciousness | <input type="checkbox"/> Asthma or difficulty breathing with or without exercise |
| <input type="checkbox"/> Hearing Loss | <input type="checkbox"/> Speech difficulty/therapy |
| <input type="checkbox"/> Wear glasses or contact lenses | <input type="checkbox"/> Dental issues, serious |
| <input type="checkbox"/> Diagnosis of Attention Deficit Disorder | <input type="checkbox"/> Emotion or Behavior Issues |

Application Checklist

ALL STUDENTS

- | | | |
|---|---|--|
| <input type="checkbox"/> Application for Enrollment | <input type="checkbox"/> Statement of Faith | <input type="checkbox"/> Home Language Survey |
| <input type="checkbox"/> Code of Conduct Policy | <input type="checkbox"/> Student Information Sheet | <input type="checkbox"/> School Rules & Discipline |
| <input type="checkbox"/> Parent Partnership | <input type="checkbox"/> Student Permission - Field Trips | <input type="checkbox"/> Tuition Payment Agreement |
| <input type="checkbox"/> Student Permission - Media | <input type="checkbox"/> Non-refundable Registration Fee (required) | <input type="checkbox"/> Birth Certificate - Copy |

ELEMENTARY

- Technology Use Agreement
- Copy of most recent report card and achievement test for 1st through 8th
- KCI Medical Form
- New Student Assessment Completed

KINDERGARTEN

- Ages and Stages Questionnaire 2 & 3 screenings completed
- Teacher Assessment Completed
- Complete Kindergarten Readiness Assessment interview

PRESCHOOL & Jr KINDERGARTEN

- | | |
|---|---|
| <input type="checkbox"/> Teacher Assessment Completed | <input type="checkbox"/> KDHE Form CCL 010 (Emergency Medical Care) |
| <input type="checkbox"/> KDHE Form CCL 029 (Medical Record 3 pages) | <input type="checkbox"/> KDHE Form CCL 034 (Field Trip Form) |

- Received formal confirmation from School administration of acceptance following interview.

Declaration of Intent

The signature below represents a commitment to enroll the student listed above at Faith Lutheran School. To the best of my knowledge, the information on this form and accompanying attachments is true and accurate. Providing misleading or misinformation may result in non-acceptance for enrollment.

Parent Name (Print)

Parent Signature

Date

As a 501(c) 3 organization, Faith Lutheran Preschool/School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally afforded or made available to students at the school. It does not discriminate based on any race, color, national and ethnic origin in the administration of its educational policies, and admission policies, athletic, and other events.