

# Application for Enrollment 2024-2025

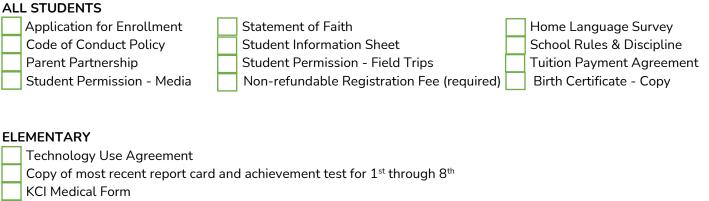
Thank you for your interest in Faith Lutheran School. We are thankful for the opportunity to serve your family. Please carefully and thoroughly fill out all information on all pages of this form. The submission of an application does not constitute placement at Faith Lutheran School.

### **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 N	lame:				
Last Name	First Name	Last Name	First Name			
Guardian(s), if different from Paren	ts:					
	Last Name	First Name				
Address:	City:	State	: Zip:			
Home Phone:	_Father's Cell:	Mother's Cell:				
Fat	ther's Work #:	Mother's Work #:				
Email Address (primary)	Email Address (s	secondary)				
Whom does student live with?	Both Parents Father Mo	other Guardian(s)				
Please provide the non-custodial p	parent and/or guardian(s) informatio	n listed below:				
Address:	City:	State:	Zip:			
Home Phone:	Cell 1:	Cell 2:				
Email Address (primary: )		Work #:				
Religion						
Student's Religion	Churc	ch Home:				
Has the student been baptized?	Yes No If yes, date b	aptized				
If you are looking for a church ho	me or desire more information, do	es our Evangelism and Out	reach Board and/or Pastor			
Thomas Johnson have permission	ו to contact you? Yes	No				
How did you hear about Faith Lu	theran School:					

Ethnicity of the student:								
Race of the student:	Cuban, Mexican, Pue	erto Rican, South	n or Central American or of	ther Spanish origin.				
Asian Black Caucasian/White American Indian/Alaska Native Native Hawaiian/Pacific Islander								
Academic History:								
Does this student have a current	IEP (Individual Educa	ition Plan), 504 F	Plan, or has the student ha	d one in the past?				
	ate of last IEP	-						
Has your student ever had any sp	ecial accommodatior	ns? Yes	No If yes, pleas	e describe:				
L IEP?								
School student attended			School Administers Name	Phone				
5	chool mame		School Administers Name	Phone				
Address:		City:	State <sup>.</sup>	7in <sup>.</sup>				
IEP?		City:	Otate:	Zip				
School student attended								
	chool Name		School Administers Name	Phone				
		<b>O</b>	<b>2</b>	<b></b>				
Address:		•		•				
If your child has been to more than tw	vo ainterent schools, ple	ease let the schoo	Ladministrator know during y	our interview.				
Siblings:								
Name:		Sch	ool:	Grade:				
	DOD	301	001					
Name:		Sch		Grada				
Name	DOD	501	001					
Name:		Cab	aal	Creader				
List others, not listed above, w	no live in the nome	e with the stud	ent also note relationsh	ıp:				
Health Information:								
Does the student have any cor	ndition disability o	r challenge tha	nt may impact academic	performance or				
require special equipment, the	•		No					
require special equipment, the								
List any medications taken reg	ularly:							
	dturty							
List previous hospitalizations a	and/or surgeries:							
List any allergies (medications	, food, insect bites,	etc):						
		_						
	lease indicate if the student has any of the following medical concerns:							
Seizures								
Serious head injury or loss of consciousness		r without exercise						
Hearing Loss			ficulty/therapy					
Wear glasses or contact ler	Wear glasses or contact lenses Dental issues, serious   Diagnosis of Attention Deficit Disorder Emotion or Behavior Issues							
Diagnosis of Attention Defi	Jit Disoraer	Emotion of	Denavior issues					

## Application Checklist



New Student Assessment Completed

#### KINDERGARTEN

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

#### PRESCHOOL & Jr KINDERGARTEN

- Teacher Assessment Completed
- KDHE Form CCL 029 (Medical Record 3 pages)

KDHE Form CCL 010 (Emergency Medical Care) 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.