



# FIRST LUTHERAN SCHOOL

*Faithfully Learning and Serving*

1207 N. Broadway, Knoxville TN 37917  
ECE (865) 523-9298 \*\* Fax: (865) 524-5636  
E-mail: [pwright@firstlutherschool.com](mailto:pwright@firstlutherschool.com)

## Early Childhood Education 2010-2011 Enrollment Application

I would like to be included on a classroom waiting list if there are no openings at present.

YES  NO

3 YR 5 Full Days  3 YR 3 Full Days  3 YR 2 Full Days  
 4 YR 5 Full Days  4 YR 3 Full Days  4 YR 2 Full Days  
 2 Half Days  3 Half Days  Other \_\_\_\_\_

Half days are 8:30 am – noon  
Full days are 6:30 am – 6:00 pm

Please check which days to attend if not 5 day program  
(Attendance should be consistent.)

Monday  Tuesday  Wednesday  Thursday  Friday

Student's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

County: \_\_\_\_\_ Public school zoned for: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Primary Email: \_\_\_\_\_

Father  Step-Father  Guardian ther \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

(list only if different than student mailing address)

Place of Employment: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Work e-mail: \_\_\_\_\_

(if you do not wish to receive daily school emails at work, leave blank)

Religion: \_\_\_\_\_

Church: \_\_\_\_\_

Attend regularly?  yes  no

Mother  Step-Mother  Guardian Other \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

(list only if different than student mailing address)

Place of Employment: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Work Email: \_\_\_\_\_

(if you do not wish to receive daily school emails at work, leave blank)

Religion: \_\_\_\_\_

Church: \_\_\_\_\_

Attend regularly?  yes  no

*In case of divorce or separation, please complete this section:*

Student lives with:  father  mother  other; explain \_\_\_\_\_

Legal custody:  joint  father  mother  other, explain: \_\_\_\_\_

Billing invoices should be sent to: \_\_\_\_\_

Any current or pending court/custody orders?  No  Yes Please attach documents or describe situation

\_\_\_\_\_

\_\_\_\_\_

*A copy of the Court Order must be on file in the school office if custodial rights are restricted.*

## Student Information

Is the student baptized?  No  Yes Date of Baptism: \_\_\_\_\_

Church of Baptism: \_\_\_\_\_

Does the student attend Church regularly?  Yes  No Sunday School?  Yes  No

List previous daycares or preschools and date(s) attended:

\_\_\_\_\_

\_\_\_\_\_

Did student's previous school deny re-enrollment?  Yes  No If yes, explain:

\_\_\_\_\_

List student's strengths: \_\_\_\_\_

\_\_\_\_\_

List student's weaknesses: \_\_\_\_\_

\_\_\_\_\_

Does student have difficulty "separating" from you?  No  Yes If yes, please explain:

\_\_\_\_\_

Does student have a "comfort" item or routine that calms them? No Yes If yes, please explain:

\_\_\_\_\_

Please list any physical, emotional, or behavioral difficulties of student.

None apply

\_\_\_\_\_

Does student receive daily medication? No Yes If yes, list medication and explain: \_\_\_\_\_

\_\_\_\_\_

Time and place where medication is taken? \_\_\_\_\_

Has student ever had an educational, psychological, or neurological evaluation? No Yes

If YES, when and by whom? \_\_\_\_\_

Is student currently in speech or physical therapy? No Yes

If YES, when and by whom? \_\_\_\_\_

Does student recognize letters and numbers? No Yes Primary colors? No Yes

Additional information that may be helpful to the school staff: \_\_\_\_\_

\_\_\_\_\_

Please state why you desire to enroll your child(ren) in our program. (Attach page if needed.)

\_\_\_\_\_

GRANDPARENTS OR OTHER SPECIAL PEOPLE  
(Please include address to receive invitations for "Grandparents Day!")

Name(s): \_\_\_\_\_ Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Yes  No List as EMERGENCY CONTACT  Yes  No CONSENT TO TRANSPORT STUDENT

Name(s): \_\_\_\_\_ Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Yes  No List as EMERGENCY CONTACT  Yes  No CONSENT TO TRANSPORT STUDENT

### MORE EMERGENCY CONTACTS

*Parents/guardians will always be the first contact in an emergency.* Additional contacts are essential in the event parents cannot be reached.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Yes  No This contact is permitted to transport student(s).

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Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell \_\_\_\_\_

Yes  No This contact is permitted to transport student(s).

List other people that may transport child:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

*First Lutheran School is understandably proud of its student body. It should come as no surprise that FLS wants to spread the word about our school and share our students' talents by publishing, posting and/or recording for First Lutheran School publications and the school's website, our students' art, musical and literary work; students' accomplishments at school; and photographs of FLS students. Please complete the permission form below, which enables FLS to use these materials for school purposes.*

I/we agree to permit First Lutheran School and its designees to use the photographic likeness and/or artistic, musical or written work of the above named applicant for school purposes. I understand that First Lutheran School may use the Student's Likeness and Work with or without associating the student's name. I further waive any claim for compensation of any kind for First Lutheran Schools use or publication of the Student's Likeness or Work. And, I hereby fully and forever discharge and release First Lutheran School from any claim for damages of any kind arising out of the use or publication of the Student's Likeness or Work, and covenant and agree not to sue or otherwise initiate legal proceedings against the School for such use or publication. These grants of permission and consent, and all covenants, agreements, and understandings set forth here are irrevocable.  **Yes**  **No**

Would you be willing to become an ambassador for our school?  Yes  No *(An ambassador helps promote FLS with your congregation)*

Are you interested in becoming a member of First Lutheran Church?  Yes  No

### **ACCURACY AGREEMENT**

I promise that all information provided to First Lutheran School is accurate and complete. (Any omissions or inaccuracies may result in removal of a student from FLS.) I show my agreement that I have provided accurate information by signing my name in the space below. I also agree to provide any documentation or information requested by FLS in a timely manner. I understand there is a 60 day probationary period, during which time the Director may rescind my child's enrollment from the program.

**Parent/Guardian's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**First Lutheran School admits students of any race, color, or national or ethnic origin to all the rights, privileges and activities generally accorded or made available to students. The school does not discriminate on the basis of race, color, or national or ethnic origin in the administration of education policies, admissions policies, financial aid policies, or school administered programs.**

# FIRST LUTHERAN SCHOOL

*Faithfully Learning and Serving*

## STEPS TO ENROLL A NEW STUDENT

- Complete one application, consent statement and emergency medical release form per child.
- *ALL* Early Childhood Education (ECE) and Kindergarten applicants must attach a copy of birth certificate, social security card, and current immunization record with medical examination form completed by physician. (*Green card*)
- *ALL* students entering Grades 1-8 must attach a copy of most recent report card and achievement test scores, if available. A signed "*Transcripts Request*" authorization form must be attached if transcripts are not included with application.
- A \$50.00 application fee must be included with the application at the time of submission. Application will not be considered *until* the application fee is paid in full. Application fee is non-refundable.
- Registration fees: Kindergarten through 8<sup>th</sup> grade: \$150  
Early Childhood Education Program: \$150

*Registration fees are non-refundable and must be paid in full before student may attend any class or program. Every student must pay registration fee. The registration fee is valid only for the school year for which this application is being made.*

Return application form, \$50 application fee, and all required documents to:

First Lutheran School  
1207 N. Broadway  
Knoxville TN 37917

Checklist of documents to be included with application:  
(Upon request, document copies can be made at FLS and originals returned)

- |   |  |
|---|--|
| <input type="checkbox"/> Birth Certificate  | <input type="checkbox"/> School records release authorization (Grades 1-8 only)                |
| <input type="checkbox"/> Social Security card   | <input type="checkbox"/> Completed application. Please print legibly and answer all questions. |
| <input type="checkbox"/> Doctor signed immunization record and medical examination form |  |

# FIRST LUTHERAN SCHOOL

## **EMERGENCY MEDICAL CONSENT**

(To be completed by parent/guardian)

In the event that your child requires a visit to the hospital /doctor while under the supervision of the school, this form will allow the hospital/doctor to treat the injury. The child will be transported to the nearest emergency room unless written request for alternate is received.

### EMERGENCY INFORMATION

Student: \_\_\_\_\_

Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Telephone: \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy and Group #'s \_\_\_\_\_

ALLERGIES AND TREATMENT PLAN: \_\_\_\_\_

Allergist & Phone: \_\_\_\_\_

If medication is required to be stored at school, a **physician's plan of treatment must be attached. *Prescription medication will not be dispensed without treatment plan and authorization from the student's physician. A parent consent form must also be attached.*** These forms will be valid for the current school year and are available in the school office or the student's physician.

### Medical Evaluation Form

(Explain all "Yes" Answers on Reverse)

1. Has student ever been hospitalized? \_\_\_YES \_\_\_NO
2. Has student ever had surgery? \_\_\_YES \_\_\_NO
3. Is student presently taking any medications? \_\_\_YES \_\_\_NO

List medications/dosage \_\_\_\_\_

4. Has student ever passed out from exercise? \_\_\_YES \_\_\_NO
5. Has student ever had high blood pressure? \_\_\_YES \_\_\_NO
6. Has student been diagnosed with a heart murmur? \_\_\_YES \_\_\_NO
7. Has student ever had a head injury requiring hospitalization? \_\_\_YES \_\_\_NO
8. Has student ever had a seizure? \_\_\_YES \_\_\_NO
9. Has student ever had heat or muscle cramps? \_\_\_YES \_\_\_NO
10. Has student ever been dizzy or passed out from the heat? \_\_\_YES \_\_\_NO
11. Does student have trouble breathing or coughs during or after activities? \_\_\_YES \_\_\_NO
12. Does student use special equipment (pads, braces, neck roll, and mouth/eye guard)? \_\_\_YES \_\_\_NO
13. Has student had any vision or eye problems? \_\_\_YES \_\_\_NO
14. Does student wear glasses, contacts, or protective eyewear? \_\_\_YES \_\_\_NO
15. Has student sprained/strained/ dislocated/fractured/broken or had repeated swelling of any bone or joint?
16. \_\_\_ Head \_\_\_ Thigh \_\_\_ Neck \_\_\_ Elbow \_\_\_ Knee \_\_\_ Chest \_\_\_ Forearm \_\_\_ Shin/Calf \_\_\_ Back \_\_\_ Wrist \_\_\_ Ankle  
\_\_\_ Hip \_\_\_ Hand \_\_\_ Foot
17. Does student have any other medical issues? Please check appropriate boxes and explain on reverse  
 Hearing impairment  Asthma  Diabetes  Frequent upset stomach  frequent headache  frequent sore throat

Date of last tetanus booster? \_\_\_\_\_

***Please read and sign the back of this form***

I/We, the undersigned parent(s) and/or legal guardian(s) of \_\_\_\_\_ a minor child, do hereby authorize First Lutheran School, and/or any other adult appointed or designated by the school, to consent to and employ any such medical, surgical and dental care for minor child, including any diagnostic tests, medical, surgical or dental procedure or treatments deemed therapeutically necessary by the physician, surgeon, dentist or other health care personnel providing care. FLS may admit such minor child to any hospital, clinic, emergency room, laboratory or other health care or diagnostic facility for examination, treatment, surgery or care and sign all necessary consents and authorizations.

It is understood that this authorization is given in advance of the occurrence of any condition or situation that would necessitate any such medical, surgical or dental care being required, but is given to provide authority to obtain such care if it should be required.

IN WITNESS WHEREOF, I/We have executed this "Authorization or Consent to Medical and Dental Care" this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Parent/Guardian signature

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

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

State of Tennessee  
County of Knox

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me, a Notary Public, personally appeared, and known to me to be the person(s) who executed the above consent and stated that it was executed as his/her/their free act and deed.

\_\_\_\_\_  
Kim Marie Smith, Notary Public  
My Commission Expires August 12, 2012

Explain yes answers from reverse here:

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

***This form is to be completed by student's physician and/or nurse practitioner and is required for admittance into the Kindergarten and/or the (ECE) Early Childhood Education Center at First Lutheran School. Student will not be permitted to attend classes until medical examination has been completed. If medication is to be dispensed to student at school, please attach a physician treatment plan.***

Student Name \_\_\_\_\_ DOB: \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ BP \_\_\_\_\_ / \_\_\_\_\_ Pulse \_\_\_\_\_

Vision R 20 / \_\_\_\_\_ L 20 / \_\_\_\_\_ Corrected  Yes  No  Glasses  Contacts

Pupils: Normal \_\_\_\_\_ Abnormal Findings: \_\_\_\_\_

Ear, Nose, and Throat:  OK - if not, explain: \_\_\_\_\_

Heart:  OK - if not, explain: \_\_\_\_\_

Skin / Lymphatic's:  OK - if not, explain: \_\_\_\_\_

Abdominal:  OK - if not, explain: \_\_\_\_\_

Genitalia / Hernia:  OK - if not, explain: \_\_\_\_\_

Musculoskeletal:

Upper Extremities  OK - if not, explain: \_\_\_\_\_

Lower Extremities  OK - if not, explain: \_\_\_\_\_

Flexibility  OK - if not, explain: \_\_\_\_\_

Asthma:  Yes  No If yes, explain treatment and medications required:

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Severe allergies:  Yes  No If yes, explain treatment and medications required:

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### **Official Recommendation**

**This student has passed the requirements to enter the educational programs of First Lutheran School.**

Treatment or follow-up is recommended for: \_\_\_\_\_

Recommend further consultation with: \_\_\_\_\_

**PLEASE ATTACH A CURRENT IMMUNIZATION RECORD AND PHYSICIAN TREATMENT PLAN IF REQUIRED.**

**Examiner:** \_\_\_\_\_ **Date:** \_\_\_\_\_