



FIRST LUTHERAN SCHOOL

Faithfully Learning and Serving

1207 N. Broadway, Knoxville TN 37917
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New Student: Kindergarten-Grade Eight 2012-2013 Enrollment Application

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

YES NO

- | | | |
|---------------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> Kindergarten | <input type="checkbox"/> Grade 1 | <input type="checkbox"/> Grade 2 |
| <input type="checkbox"/> Grade 3 | <input type="checkbox"/> Grade 4 | <input type="checkbox"/> Grade 5 |
| <input type="checkbox"/> Grade 6 | <input type="checkbox"/> Grade 7 | <input type="checkbox"/> Grade 8 |

Student's Full Name: _____ Date of Birth: _____

Mailing Address: _____

County: _____ Public school zoned for: _____

Home Telephone: _____ Primary Email: _____

Social Security # _____ - _____ - _____ Female Male Race: _____

Father Step-Father Guardian : _____

Name: _____ SS#: _____

Address: _____
(list only if different than student mailing address)

Place of Employment: _____

Work phone: _____

Cell phone: _____

Cell Phone provider: _____
(if you wish to receive text messages)

Work e-mail: _____
(if you do not wish to receive daily school emails at work, leave blank)

Denomination: _____

Church: _____
Attend regularly? yes no

Mother Step-Mother Guardian _____

Name: _____ SS#: _____

Address: _____
(list only if different than student mailing address)

Place of Employment: _____

Work phone: _____

Cell phone: _____

Cell Phone provider: _____
(if you wish to receive text messages)

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

Denomination: _____

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

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 school(s) and date(s) attended:

What was your reason for withdrawal/removal?

List student's academic strengths:

List student's academic weaknesses: _____

Has student participated in a program for the gifted? Yes No

If yes, please explain the program:

Has student participated in a remedial program? Yes No

If yes, please explain the program:

Has student ever been suspended or expelled from school? Yes No

If yes, explain: _____

Does student have an IEP? Yes No

If yes, explain: _____

Did student's previous school deny re-enrollment? Yes No

If yes, explain: _____

Please list any physical, emotional, or behavioral difficulties of student. None apply

Does student receive daily medication? Yes No

If yes, list medication and explain: _____

Time and place where medication is taken?

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

If YES, when and by whom? _____

What was the outcome? _____

Is student currently in speech or physical therapy? Yes No

If YES, when and by whom? _____

List some activities or hobbies that interest your child:

Additional information that may be helpful to the school staff: _____

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

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).

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell _____

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

List other people that may transport your child. Identification may be requested by the staff prior to release of the child.

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

Name(s): _____ Address: _____

Relationship: _____ Home Phone: _____

Cell: _____ Work: _____

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

Name(s): _____ Address: _____

Relationship: _____ Home Phone: _____

Cell: _____ Work: _____

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

Would you volunteer to become a room parent or work with the PTL (parent-teacher league)? Yes No

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

How did you hear of First Lutheran School? Website Internet Search Sign Newspaper

Friend Open House --- Referred by: _____
(Please tell us who recommended FLS!)

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 Principal may rescind my child's enrollment from the program. I understand all financial obligations and procedures and have been issued a parent handbook explaining school operations. All vital information (birth certificate, social security card, valid immunization record) is attached to this application, along with the \$50 (one-time) application fee, with the understanding that the annual enrollment fee and tuition will be paid before attendance begins.

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 KGN – 8th
CONSENT STATEMENTS
Valid for school year 2012-2013

Student's Name: _____

OVER-THE-COUNTER MEDICATION CONSENT

YES **NO** I/We authorize the staff of First Lutheran School to administer the following over-the-counter medications to the student named above. I/We understand that by checking any box, only *one dose* of medication may be dispensed per school day. *Students are not permitted, at any time, to have any medication in their possession. Exemption occurs with written doctor's orders and medical consent forms on file in the school office.* I/We agree to hold harmless and to indemnify First Lutheran School and its staff in the administration of the following medications.

DO NOT ADMINISTER ANY OTC MEDICATIONS

If you choose DO NOT ADMINISTER, phone authorization will not be accepted as consent and a parent/guardian must come to the school to administer medication to the student.

Please check the appropriate boxes below:

- | | |
|---|--|
| <input type="checkbox"/> Acetaminophen adult strength tablets 200mg | <input type="checkbox"/> 1 tablet <input type="checkbox"/> 2 tablets |
| <input type="checkbox"/> Ibuprofen adult strength tablets 200mg | <input type="checkbox"/> 1 tablet (recommended dosage) |
| <input type="checkbox"/> Acetaminophen child strength liquid or fast melt | <input type="checkbox"/> recommended dosage <input type="checkbox"/> other _____ |
| <input type="checkbox"/> Ibuprofen child strength liquid or fast melt tab | <input type="checkbox"/> recommended dosage <input type="checkbox"/> other _____ |
| <input type="checkbox"/> Tums or generic equivalent | <input type="checkbox"/> one tablet <input type="checkbox"/> two tablets |
| <input type="checkbox"/> Mentholated cough drops | <input type="checkbox"/> one <input type="checkbox"/> two |

MINOR FIRST-AID CONSENT

Yes **No** I agree to hold harmless and to indemnify First Lutheran School and its staff in administering minor first aid to the above-named student. I understand that an incident report will be sent home with the student. If my child receives a minor injury during the school day, I/we consent to the application of the following:

- Hydrogen peroxide spray / soap and water for cleaning minor wounds
- Neosporin or equivalent antibiotic ointment
- Vaseline or equivalent for chapped lips/skin
- Band-aids or appropriate wound dressing (products may include latex)

TRIPS/TRANSPORTATION

Yes **No** I agree that extra-curricular activities are a vital part of a well-rounded education. I give my consent to First Lutheran School and its approved drivers to transport the student to activities which may be held away from FLS campus. I understand that these activities may include education field trips, cultural excursions, recreational outings, off-campus performances and school sponsored sports related activities. I understand that FLS staff and School-Approved Parent Drivers and Coaches will provide the transportation. I agree to hold harmless and to indemnify First Lutheran School, its staff, and school-approved parent drivers and coaches in the event of accident or injury while transporting students for school-related activities.

Continued on back.....

STUDENT SERVICES CENTER
(Before and after school child care program)

Yes No I agree that my child may participate in the Student Services program provided by First Lutheran School. I understand the Center is open before school from 6:30 – 8:00 am and after-school until 6:00. Center services are available as-needed. Charges are \$1.00 per quarter hour. Late charges begin at 6:01 p.m. are \$1.00 per minute per child. If your child attends the program on a day that school is closed, please send their LUNCH and a DRINK (including required utensils) as our cafeteria kitchen will be closed. The fee for a non-school day is \$40.00, operating hours are 6:30 a.m. to 6:00 p.m. late charges apply as listed above. PRE-REGISTRATION FOR NON-SCHOOL DAYS IS RECOMMENDED. NON-REGISTERED students may attend, space permitting, at a cost of \$45 per day. Registration forms are available in the school office or ECE.

PHOTOS/PUBLICITY

Yes No I hereby give First Lutheran School full, unrestricted rights to publish, distribute electronically and/or use any still or motion pictures, of the applicants for use in editorial content, art, advertising, trade or any other lawful purpose. I understand the applicant's likeness may be used in advertising and/or promotions. I hereby release and hold harmless the above named, its successors, employees, agents, and assigns from any liability or claims of damage whatsoever in connection with said use of applicant's likeness. I waive any right to inspect and approve final use of materials covered hereunder. I have read and understand this Release, and certify that the information provided is true and accurate.

SCHOOL DIRECTORY

Yes No Permission to include student's birthday, address and home phone number for publishing in the school directory. *Directory will be available to school parents for classmate information only and will not be distributed for any other purpose.*

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____