

FAITH LUTHERAN SCHOOL

A Ministry Outreach of Faith Lutheran Church

Application for Admission 2009-2010

Kindergarten – 8th grades

PLEASE COMPLETE ALL INFORMATION ON ALL FOUR PAGES

Student's Name _____
Last First Middle

Preferred Name _____ DOB: _____ Sex: M F
Month / Day / Year

() Returning Student () New Student, how did you hear about Faith? _____

Applying for Class (circle one) Kdg – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8

Public School District (For reporting purposes) Cobb - Marietta City - Cherokee - Other _____

Last School Attended _____ Grade _____
Address _____ City/State _____ Zip _____
Teacher's Name _____ School Phone # _____ Fax # _____

Home Address _____
Street City ZIP

Home Telephone # _____ Home E-Mail _____

Father's Name _____ E-mail: _____
Employer _____ Position _____
Business Address _____ Business Phone # _____
Business City/St _____ Cell Phone # _____

Mother's Name _____ E-mail: _____
Employer _____ Position _____
Business Address _____ Business Phone # _____
Business City/St _____ Cell Phone # _____

FAMILY ENVIRONMENT (Check all that apply)

Names, Ages & Grades of Siblings

- () Parents Married () Parents Divorced/Separated
() Father Deceased () Father Remarried
() Mother Deceased () Mother Remarried
() Other _____

Child lives with _____

STUDENT INFORMATION

Has your child been tested for an Attention Deficit Disorder, Learning Disability, Behavior Disorder or other related condition? Please be specific. _____

Please comment on any physical disability or condition, allergies, regular medication or other conditions that may limit your child's activity. _____

Has your child ever been suspended or dismissed from school or been severely disciplined for any reason? _____ Yes _____ No. If yes, please explain _____

FAMILY WORSHIP LIFE

Does child attend church regularly? () Yes () No If Yes, where? _____

Is child Baptized? () Yes () No Child's Baptism Date: _____

If child is not Baptized, would you like him/her to be? () Yes () No

Father's Church Home Information:

Name of Church _____ Pastor's Name _____
Church Address _____ Church Phone _____
City/State/Zip _____ Denomination _____

Mother's Church Home Information:

Name of Church _____ Pastor's Name _____
Church Address _____ Church Phone _____
City/State/Zip _____ Denomination _____

Would you like Pastor Greg Walton to tell you more about Faith Lutheran Church? _____

FOR NEW STUDENTS ONLY Did a family of Faith Lutheran School refer you to our school? If so, please give parent's name _____

ACADEMIC/BEHAVIOR STANDARDS: All children attending Faith Lutheran Church and School are expected to maintain reasonable and acceptable standards of conduct and classroom demeanor, be regular in attendance, and make successful progress consistent with their ability. Faith Lutheran reserves the right to dismiss, suspend or otherwise discipline any student who does not adhere to the standards stated in the *Parent-Student Handbook*.

Signature of Parent/Guardian _____ Date _____

PHOTO RELEASE: Faith Lutheran Church and School requests your permission to photograph or video your child during the year in various school activities. Photos and/or videos will be used for possible promotional materials for Faith Lutheran Church and School and our Web Page. Please sign to grant Faith Lutheran Church and School permission to photograph or video your child.

Signature of Parent/Guardian _____ Date _____

I certify that the information shared on this application is true to the best of my ability. I realize if I have falsified any information, this could lead to the removal of my child from Faith Lutheran Church and School.

Signature of Parent/Guardian _____ Date _____

EMERGENCY CONTACTS (When parents cannot be reached, we **MUST** have two alternate contacts):

 Name Address ZIP

 Home Phone Work Phone Cell Phone

 Name Address ZIP

 Home Phone Work Phone Cell Phone

PHYSICIAN to be contacted when parents and emergency contacts cannot be reached. If there is no physician, please write "NONE" on the line below.

 Name Address Phone

PEOPLE TO WHOM THE CHILD MAY BE RELEASED (OTHER THAN THE PARENTS/GUARDIANS AND EMERGENCY CONTACTS)

Our child may be released to the individuals signing this agreement, the above-listed people, and to the following individuals:

Name Address ZIP

 Home Phone Work Phone Cell Phone

Name Address ZIP

 Home Phone Work Phone Cell Phone

Name Address ZIP

 Home Phone Work Phone Cell Phone

Name Address ZIP

 Home Phone Work Phone Cell Phone

Name Address ZIP

 Home Phone Work Phone Cell Phone

Name Address ZIP

 Home Phone Work Phone Cell Phone

Please list any allergies, regular medication, health limitations, physical disability or condition, or mental retardation or developmental disabilities, which might restrict your child's diet or activities:

In the event I/we cannot be reached, I grant permission for a school representative to authorize emergency treatment and to transport my child to _____ Hospital or to our family doctor. I will assume full responsibility for all charges related to the above.

From time to time a student may have a condition easily treated by over-the-counter medications, without contacting a parent. In such cases I hereby give permission to FLS Staff to administer the following medications to my child, in accordance with package directions. My child weighs approx. _____ pounds. **(Please circle all those which may be given to your child.)**

- | | | |
|------------------------------------|--------------------------------------|-----------------------------------|
| Acetaminophen
(ex. Tylenol®) | Ibuprofen
(ex. Advil®) | Pseudoephedrine
(ex. Sudafed®) |
| Diphenhydramine
(ex. Benadryl®) | Antibiotic Cream
(ex. Neosporin®) | Cortizone Cream
(ex. Cortaid®) |
| | | Cough drops
(eg. Hall's®) |

 (Parent's Signature)

If not signed, written permission will be required each time medication is to be dispensed to the student. Forms are available in the school office and on the school website.

