

FAITH LUTHERAN SCHOOL

A Ministry Outreach of Faith Lutheran Church

Application for Admission 2010-2011

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 _____

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

Home Address _____
Street City ZIP

Alternate/
Mailing Address _____
(if different than home) Street / P.O. Box City ZIP

Please indicate best number to contact in case of emergency

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)

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

Names, Ages & Grades of Siblings

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. _____

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.

Signature of Parent/Guardian _____ **Date** _____

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®)	Antacid (ex. Tums®)	Pseudoephedrine (ex. Sudafed®)
Diphenhydramine (ex. Benadryl®)	Antibiotic Cream (ex. Neosporin®)	Cortizone Cream (ex. Cortaid®)	Cough drops (eg. Hall's®)
<i>For 1st - 8th Grade Students only</i>			
(Parent's Signature)			
<small>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.</small>			

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

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

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 granting 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 _____
Relationship to child _____	Home Phone _____	Work Phone _____
		Cell Phone _____

Name _____	Address _____	ZIP _____
Relationship to child _____	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 _____
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PEOPLE TO WHOM THE CHILD MAY BE RELEASED (OTHER THAN THE PARENTS/GUARDIANS AND EMERGENCY CONTACTS) **PLEASE NOTE WE NEED FULL ADDRESSES, IN ORDER TO VERIFY IDENTIFICATION.**

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

Name _____	Address _____	ZIP _____
Relationship to child _____	Home Phone _____	Work Phone _____
		Cell Phone _____

Name _____	Address _____	ZIP _____
Relationship to child _____	Home Phone _____	Work Phone _____
		Cell Phone _____

Name _____	Address _____	ZIP _____
Relationship to child _____	Home Phone _____	Work Phone _____
		Cell Phone _____

Name _____	Address _____	ZIP _____
Relationship to child _____	Home Phone _____	Work Phone _____
		Cell Phone _____

Name _____	Address _____	ZIP _____
Relationship to child _____	Home Phone _____	Work Phone _____
		Cell Phone _____

Name _____	Address _____	ZIP _____
Relationship to child _____	Home Phone _____	Work Phone _____
		Cell Phone _____

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 more information about Faith Lutheran Church? _____

