



Application for Enrollment

* Required

Student Information

Name: * _____
 First Name Middle Name Last Name Nickname

Address: * _____
 Street City/State Zip Code

Home Phone: * _____ Email for school messages: * _____

Gender * Birth Date * _____ Baptism Date: _____
 Male
 Female Country of Birth*: _____

Home Church _____

Last Grade Successfully Completed _____

Schools Previously Attended *

Name of School, City and State, Grade and Year attended

Academic Grades for student have been (*Mark only one.*)

- Superior
- Above Average
- Average
- Below Average

Student's Race/Ethnicity*

- Hispanic
- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White (no Hispanic origin)

Is the student presently receiving any special tutoring? If so, in what area(s)? _____

Comments on the student's personality traits: _____

Does the child have any special physical, emotional, or other needs? If so, please explain: _____

Extracurricular interests, abilities, achievements, musical instruments played: _____

Public School district in which this student resides: _____

Where did you find out about Grace Lutheran School? _____

My student has these health concerns: (please check ALL that apply to the above named student)

- | | | |
|--|---|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hearing Problems | <input type="checkbox"/> ADHD/ADD |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Vision Impairments | <input type="checkbox"/> Other (not listed) |
| <input type="checkbox"/> Physical Disabilities | (not correctable) | <input type="checkbox"/> None |
| <input type="checkbox"/> Allergies/Food | <input type="checkbox"/> Asthma | |

Please explain, **in detail**, for all items checked above (continue on a separate sheet of paper if needed): _____

Is your child currently taking any medications? If so, please specify: _____

Will the student take medication(s) at school?

Mark only one.

- Yes
- No

Will the student use an inhaler at school?

Mark only one.

- Yes
- No

Is there need for restricting the student's physical activities? If so, explain: _____

Health Care Provider: (Name, Clinic/Address, Phone) _____

In the event that a parent/guardian cannot be reached:

Emergency contact 1: (Name, Relationship, Street, City, State, Zip code, Phone) _____

Emergency contact 2: (Name, Relationship, Street, City, State, Zip code, Phone) _____

Parental Consents

- 1. Photo Agreement-** I grant permission for my child to be included in any photos, recordings, or videotapes the school may use for school bulletin boards, newsletters, yearbooks, web pages, promotions, class projects, etc.

Parent's/Guardian's Signature: _____ Date: ____ / ____ / ____

- 2. School Directory Agreement-** I grant permission for my family and child's name, address, phone number and email address to be used for church and school business, and to be included in a School Roster that will be given or made available to all Grace Lutheran School and Church families. The information in the directory may not be used for promotional, business, or political mailings or phone calls. It is intended solely for the convenience and information of Grace Lutheran School families.

Parent's/Guardian's Signature: _____ Date: ____ / ____ / ____

- 3. School Activities Agreement-** I give my child permission to participate in any planned school activity unless I indicate that I do not wish for my child to participate. I also give my child permission to ride in a school or private vehicle at such times as it is necessary to transport him/her to a planned school activity. In case of an accident, I will not hold the school, driver, host, or sponsor responsible for more than the amount indicated in the liability insurance covering said vehicle. I also will not hold the teacher responsible should an accident occur. I understand that I will be notified, in advance, through a teacher memo, of school activities.

Parent's/Guardian's Signature: _____ Date: ____ / ____ / ____

Parent Information

Student lives with *
Check all that apply.

- Mother
- Father
- Other:

Transportation: *
Check all that apply.

- Walk
- Bus
- Own
Transportation

Legal Custody: *
Choose one.

- Both/Single Household
- Both/Two Households
- Mother Only
- Father Only
- Foster Care

Please send report cards, progress reports, detention slips, etc. to all households. *

Check all that apply.

- Yes
- No

(Please provide addresses in next question)

Additional names and addresses for report cards, progress reports, detention slips, etc. _____

Parent/Guardian/Relative with whom applicant resides (1)

Role *
Mark only one.

- Father
- Mother
- Guardian
- Step Father
- Step Mother

Name: * _____

Home Address: * _____

Home or Cell Phone: * _____

Cell Phone (if different): _____

Home Email: * _____

Employer: * _____

Work Address: * _____

Work Phone: * _____

Work Email: * _____

Church: * _____

Church Address: * _____

Sibling Information:

List all children that reside with the student:

Name: _____ Birth date: _____ Male:___ Female:___

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Transportation

Does this student ride the bus? ___Yes ___No
Does this student walk home? ___Yes ___No
Will the student be picked up at school? ___Yes ___No If yes, by whom? _____

Required Information to be submitted to the school—Kindergarten & New Students only.

_____ Birth certificate—required by the State of Minnesota for age verification purposes.

_____ Immunization record—Children must be current and up-to-date- please bring a copy to the school

_____ Early Childhood Screening- Minnesota State Law requires that all children have early childhood screening prior to entering kindergarten. If your child has not been screened, please call 794-7873 (Community Education office) to make an appointment.

Severe Weather Information

Should weather conditions become severe and your children would have to remain in town please indicate below where you would like your children to go.

Name*: _____ Address*: _____

City/ZipCode*: _____ Phone Number*: _____

Relationship to student: _____

Signature

I verify that the information provided on this form is correct and current. I will inform the school of any changes in this information. I authorize any school personnel to take reasonable emergency measures on behalf of my child and agree to hold them harmless for any treatment provided.

Date: _____

Parent/Guardian Signature: _____