



Application for Admission to Grace Lutheran

A NON-REFUNDABLE REGISTRATION FEE OF \$50 MUST ACCOMPANY THIS FORM.
Please make check payable to Grace Lutheran School.

STUDENT'S Last Name _____ First _____ Middle _____

Gender: M F Applying For (circle one): Preschool K 1 2 3 4 5 6 7 8 _____ Home School Program

If Preschool, program choice:

8:30-11:30 PS Program

6:30-12:45 Half Day

6:30-6:00 Full Day

Days Needed: M T W TH F

Desired Start Date: _____

Previous School Name & City: _____

Home Address: _____

No. & Street Address

City

Zip Code

Home Phone: _____ Place of Birth: _____

Birthdate: _____ Is Child Baptized? Y N If yes, date: _____

Church Now Attending: _____ Name of Pastor: _____

Parent's Status Married Separated Divorced Single Parent Father and/or Mother Deceased

Student Lives With Both Parents One Parent Joint Custody Parent & Step Parent Legally Adopted

Other: _____

Names and ages of siblings living in the home: _____

Names and relation to child of other adults living in the home: _____

MOTHER'S First Name _____ Last Name _____

Cell Phone _____ E-mail Address _____

Occupation _____ Employer _____

Work Address _____ Work Phone _____

FATHER'S First Name _____ Last Name _____

Cell Phone _____ E-mail Address _____

Occupation _____ Employer _____

Work Address _____ Work Phone _____

EMERGENCY CONTACT & AUTHORIZED PICK-UP PEOPLE (OTHER THAN PARENTS)

Name(s)

Relationship to Student

Phone Number/Type

1. _____

2. _____

3. _____

Include one out of area contact.

4. _____

(Continued on Back)

For Office Use Only

Date Received: _____ Accepted: Yes No Notice Sent: _____ Fees Pd: _____

MEDICAL AND EMERGENCY INFORMATION

Doctor/Dentist's Name

Phone Number

Insurance Name

Insurance ID Number

Please explain or list any special information emergency caregivers should know: _____

Please list all current medications your child is taking: _____

Allergic reactions to medications: _____

If your child becomes ill or injured while at GLS, and requires pick-up, we will automatically call family in the following order: Mother, Father, Grandparent, other designated persons. Please tell us if this does not suit your needs. Use the space below to designate contact priority of emergency pick-up people. If there is a life threatening injury or illness, please check your preferred hospital.

Doctor's Medical Center Memorial Hospital Kaiser Other (describe below):

California Civil Code 25.8 expressly provides that a parent may authorize an adult into whose custody a child is entrusted to consent to necessary dental and medical treatment, to wit: Either parent, or a guardian, having legal custody of a minor may give written authorization for an adult into whose care the minor has been entrusted to consent to X-ray examination, anesthesia, medical or surgical diagnosis, and/or treatment and hospital care to be rendered to said minor under general or special supervision and advice of a physician and surgeon licensed under the provision of the Medicine Practice Act, or consent to X-ray examination, anesthesia, medical or surgical diagnosis, and/or treatment and hospital care to said minor by a dentist licensed under the provisions of the Dental Practice Act. Pursuant to the provision above, consent is given to representatives of Grace Lutheran Church and School to obtain medical, hospital or dental care for my child, _____, in the event of injury or illness while my child is at school. I agree that I am financially responsible for any expenses from this emergency care.

Parent Signature: _____ Date: _____

PLEASE COMPLETE THE QUESTIONS BELOW

Ethnicity of child (used only for statistical reporting), please \checkmark one:

Asian African American Caucasian Hispanic Native American Other: _____

Has the applicant had any serious illnesses? Y N If yes, explain fully: _____

Does the applicant have any physical handicaps? Y N If yes, explain fully: _____

Please indicate any special circumstances that may have affected the educational progress of the applicant, i.e.; extensive travel, illness, grades repeated, diagnosed learning differences, etc. _____

Has the applicant **ever** been suspended or expelled from school? Y N If yes, explain the circumstances: _____

How did you learn about our school? Is there someone we can thank? _____

- Grace Lutheran School welcomes all applicants and is operated on a non-discriminatory basis, according equal treatment and access to service without regard to race, color, national origin or ancestry.
- The California Department of Health & Safety has the authority to interview children or staff, and to inspect and audit child or childcare center records, without prior consent. _____ (Parent's Initials)
- Consent is given to GLS to use images/video of my child for release to the newspaper for stories about the school, for other media releases, posting on bulletin boards, school promotional purposes, etc. _____ (Parent's Initials)

Parent Signature: _____ Date: _____