

# Grace Lutheran E.S.C. Application for Admission

Date \_\_\_\_\_ **Non-Refundable, Per Student, Enrollment Fee \$50**

For Office Use: Date rec'd: _____
Time rec'd: _____
EF Paid: _____

STUDENT'S Name \_\_\_\_\_  
Gender: M F Last First Middle Nickname Date of Birth  
Home Address \_\_\_\_\_  
Street City State Zip  
Desired Start Date \_\_\_\_\_

✓ choice: Days Needed: M T W T H F		
<input type="checkbox"/> 7:00 AM - 12:00 PM - Morning \$30	<input type="checkbox"/> 7:00 AM - 1:00 PM - Half Day \$35	<input type="checkbox"/> 7:00 AM - 6:00 PM - Full Day \$40
Grade Entering _____	Child's Age _____	Returning Child to GLS? _____

Father's Name \_\_\_\_\_  
Home Address (if different from above) \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Mother's Name \_\_\_\_\_  
Home Address (if different from above) \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_

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

Who is financially responsible for tuition and fees? \_\_\_\_\_

Who does the student live with? \_\_\_\_\_

Describe custody arrangements (if applicable) \_\_\_\_\_

Please list the names and ages of any other children living in the home \_\_\_\_\_

## EMERGENCY CONTACT & AUTHORIZED PICK-UP PEOPLE \*IF YOU CANNOT BE REACHED\* ★ PLEASE PRIORITIZE THE LIST WITH ORDER OF FIRST CONTACT IN THE EVENT OF ILLNESS OR EMERGENCY

Name(s)	Relationship to Student	Phone Number/Type
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

## Family Worship Life

The Church your family attends: \_\_\_\_\_ Pastor's Name: \_\_\_\_\_

We have no church home at this time: \_\_\_\_\_ Is your family active in your church? Yes No

Is your child Baptized? Yes No If yes, Baptismal date: \_\_\_\_\_ If no, would you like information on Baptism? Yes No

## School History

Current School: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

Do you have access to a laptop? \_\_\_\_\_ Laptops will be required (Unless you bring a paper packet of homework)

Has your child ever been suspended, expelled or dismissed from school? \_\_\_\_\_ If yes, explain the circumstances: \_\_\_\_\_

Please indicate any special circumstances that may have affected the educational process of your child, i.e.; extensive travel, illness, grades repeated, diagnosed learning difficulties, etc. \_\_\_\_\_

Our Staff is not trained to handle IEPs at this time. Does your child have an IEP? Yes No \_\_\_\_\_

Did someone refer you to Grace Lutheran School? Yes No If yes, please list who we may thank: \_\_\_\_\_

## MEDICAL AND EMERGENCY INFORMATION

### ALLERGIC to

FOODS: \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

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

Please list all current medications your child is taking and for what purpose: \_\_\_\_\_

Has your child ever had any serious illness? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain fully: \_\_\_\_\_

Does your child have any physical or emotional difficulties? Yes No If yes, explain fully: \_\_\_\_\_

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 emergency 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: \_\_\_\_\_

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

American Indian

Asian

Black

Caucasian

Hispanic

Other: \_\_\_\_\_

- Grace Lutheran School (GLS) welcomes all applicants and is operated on a non-discriminatory basis, according equal treatment and access to service without regard to race, color, disability, national origin or ancestry.
- Consent is given to GLS to use photo images/videos of my child WITHIN the GLS community, i.e., newsletters, calendars, bulletin boards, etc. \_\_\_\_\_ (Parent's Initials)
- Consent is given to GLS to use photo images/videos of my child to be used OUTSIDE the school community, i.e. promotional brochures, social media, website, newspaper, or other media releases. I understand that my child's name will never be attached to their photo when presented to the community. \_\_\_\_\_ (Parent's Initials)

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_