

FAMILY INFORMATION

Parent/Gaurdian 1 (primary billing party)	Relationship to Child		
Email Address	Church Affiliation		
Home Address	City	State	Zip Code
Home Phone	Work Phone	Cell Phone	
Occupation	Employer		
Employer Address	City	State	Zip Code

Parent/Gaurdian 2	Relationship to Child		
Email Address	Church Affiliation		
Home Address	City	State	Zip Code
Home Phone	Work Phone	Cell Phone	
Occupation	Employer		
Employer Address	City	State	Zip Code

Sibling's Name	Birthdate	Grade	School
Sibling's Name	Birthdate	Grade	School
Sibling's Name	Birthdate	Grade	School

List child's previous school(s) attended, including preschool and/or kindergarten

Name and address of school	Dates attended
Name and address of school	Dates attended
Name and address of school	Dates attended

In order to submit our state report, please name the PUBLIC school that your child would normally attend: _____

CONSENT TO EMERGENCY TREATMENT

Child's Name: _____

In Case of Emergency Contact First: Mother Father 1st Contact Below

1st Emergency Contact (not Mom or Dad) Relationship Emergency Phone

2nd Emergency Contact (not Mom or Dad) Relationship Emergency Phone

Family Physician _____

Physician Address _____ Phone _____

Family Dentist _____

Physician Address _____ Phone _____

Hospital of Choice _____

Allergies and/or health problems _____

Name & Address of Insurance Company _____

Person Responsible for Insurance _____ Policy Number _____

I hereby give my consent to the emergency room staff of the local hospital to treat my child in an emergency in the event that it is impossible to personally reach me.

Parent/Guardian 1 Signature: _____ Child's Start Date: _____

PICK UP AUTHORIZATION

The following persons (other than Mom and Dad) are authorized to pick up my child:

Name: _____ Relationship _____

Address: _____ Phone _____

Name: _____ Relationship _____

Address: _____ Phone _____

The following persons are NOT authorized to pick up my child:

Name: _____ Relationship _____

Address: _____ Phone _____

Name: _____ Relationship _____

Address: _____ Phone _____

EDUCATIONAL/BACKGROUND PREFERENCES

In order to better understand your child's background and your desires for his/her education, please complete the following information with as much detail as possible. All information you provide will help us to provide the best experience possible for your child and help us meet their individual needs.

Please list the main reasons you are planning to enroll your child at Gethsemane Lutheran School?

Identify and summarize specific academic challenges that your child experiences or has experienced at home or at other schools.

Please list any and all interventions, i.e., tutors, Chapter I programs, etc., that have been applied with respect to the identified challenges.

My child typically shows an interest in the following areas:

- Music
- Athletics
- Art
- Theater/Drama
- Community Service Projects
- Science
- Math
- English/Spelling
- Reading
- Computers

I would like to be involved in my child's education in the following ways:

I would like teachers to be sensitive to my child regarding:

Please list any additional information that would help us respond to your child's individual needs:

PHOTO USE RELEASE

Gethsemane Lutheran School publishes advertising and marketing materials and maintains a website where we may want to include photos of your child. Your signature here authorizes the use of pictures of your child for GLS.

I, _____, give my permission for Gethsemane Lutheran Church & School to use photographs of my child, _____ Date: _____

APPLICATION SIGNATURE

By signing this application, I hereby state that all information contained in this document is true and accurate to the best of my knowledge.

Parent/Guardian 1 Signature: _____ Date: _____

Parent/Guardian 2 Signature: _____ Date: _____