

FIRST LUTHERAN SCHOOL

Faithfully Learning and Serving

STEPS TO ENROLL A NEW STUDENT

- Complete one application package for each new student
- *ALL* Early Childhood Education (ECE) and Kindergarten applicants must attach a copy of birth certificate, social security card, and current immunization record.
- *ALL* students entering Grades 1-8 must attach a copy of birth certificate, social security card, current immunization record, the most recent report card and achievement test scores, if available. A signed “*Transcripts Request*” authorization form must be attached if transcripts are not included with application.
- A \$50.00 application fee must be included with the application at the time of submission. Application will not be considered *until* the application fee is paid in full. Application fee is non-refundable.

Registration fees: ECE - \$200.00
 Kindergarten to 5th Grade - \$250.00
 6th Grade to 8th Grade - \$300.00

Registration fees are non-refundable and must be paid in full before student may attend any class or program. Every student must pay registration fee. The registration fee is valid only for the school year for which this application is being made.

Return application form, \$50 application fee, and all required documents to:

First Lutheran School
1207 N. Broadway
Knoxville TN 37917

Once your application has been reviewed and accepted, a contract will be mailed to you. Please sign the contract and return it as soon as possible.

Checklist of documents to include with application

- Birth Certificate
- Social Security card
- Doctor/Nurse Practitioner signed immunization record
- Completed multi-consent authorization
- School records release authorization (Grades 1-8 only)
- Completed medical information and emergency release authorization. If the student needs prescription medication to be kept at school, a physician authorization form and treatment plan must also be completed. Please request these documents from the school office or your physician.
- Completed application. (Please print legibly and answer all questions.)



FIRST LUTHERAN SCHOOL

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1207 N. Broadway, Knoxville TN 37917
Phone 865-524-0308 Fax 865-524-5636
E-mail: office@firstlutherschool.com

I would like to be included on a classroom waiting list if there are no openings at present.

YES NO

New Student: Kindergarten - Grade Eight 2015-2016 Enrollment Application

- | | | |
|---------------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> Kindergarten | <input type="checkbox"/> Grade 1 | <input type="checkbox"/> Grade 2 |
| <input type="checkbox"/> Grade 3 | <input type="checkbox"/> Grade 4 | <input type="checkbox"/> Grade 5 |
| <input type="checkbox"/> Grade 6 | <input type="checkbox"/> Grade 7 | <input type="checkbox"/> Grade 8 |

Student's Full Name: _____ Date of Birth: _____

Mailing Address: _____ Zip Code: _____

County: _____ Public school zoned for: _____

Home Telephone: _____ Primary Email: _____

Social Security # _____ - _____ - _____ Female Male Race: _____

Father Step-Father Guardian Other: _____

Name: _____

Address: _____

(list only if different than student mailing address)

Place of Employment: _____

Work phone: _____

Cell phone: _____

Work e-mail: _____

(if you do not wish to receive daily school emails at work, leave blank)

Religion: _____

Mother Step-Mother Guardian Other: _____

Name: _____

Address: _____

(list only if different than student mailing address)

Place of Employment: _____

Work phone: _____

Cell phone: _____

Work e-mail: _____

(if you do not wish to receive daily school emails at work, leave blank)

Religion: _____

EMERGENCY CONTACTS

Parents/guardians will always be the first contact in an emergency. Additional contacts are essential in the event parents cannot be reached.

Name: _____ Relationship to child: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Yes No This contact is permitted to transport student(s).

Name: _____ Relationship to child: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Yes No This contact is permitted to transport student(s).

.....

Name: _____ Relationship to child: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Yes No This contact is permitted to transport student(s).

List other people that may transport child:

Name	Phone	Relationship to Child
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

In case of divorce or separation, please complete this

section:

Student lives with: father mother other, explain _____

Legal custody: joint father mother other, explain: _____

Billing invoices should be sent to: _____

Any current or pending court/custody orders? No Yes Please attach documents or describe situation:

Student Information

Is the student baptized? No Yes Date of Baptism: _____

Church of Baptism: _____

Does the student attend Church regularly? Yes No Sunday School? Yes No

List previous school(s) and date(s) attended:

What was your reason for withdrawal/removal?

List student's academic strengths: _____

List student's academic weaknesses: _____

Has student participated in a program for the gifted? Yes No If yes, please explain the program: _____

Has student participated in a remedial program? Yes No If yes, please explain the program: _____

Has student ever been suspended or expelled from school? Yes No If yes, explain: _____

Does student have an IEP? **Yes** **No** If yes, explain:

Did student's previous school deny re-enrollment? **Yes** **No** If yes, explain: _____

Please list any physical, emotional, or behavioral difficulties of student.

Does student receive daily medication? **Yes** **No** If yes, list medication and explain:

Time and place where medication is taken?

Has student ever had an educational, psychological, or neurological evaluation? **Yes** **No**

If YES, when and by whom? _____

Is student currently in speech or physical therapy? **Yes** **No** If YES, when and by whom?

List some activities or hobbies that interest your child: _____

Additional information that may be helpful to the school staff: _____

Please state why you desire to enroll your child(ren) in our program. _____

Additional Information

Would you volunteer as a room parent or work with the Parent-Teacher League? ___No ___Yes

Are you interested in becoming a member of First Lutheran Church? ___No ___Yes

How did you hear of First Lutheran School? ___Website ___Internet Search ___Sign

___Newspaper ___Open House

___Friend Referred by: _____

(Please tell us who recommended FLS!)

Internet Communications

School communication is done via our school portal (fastdir.com/firstlutheranschool) and internet access is essential. It is the responsibility of each parent to check the Fast Direct System regularly for messages and information. If you need assistance with Fast Direct, including password or screen name, please contact the office. If you do not have internet access please check the necessary line.

Please initial that you have read and understand this policy. Parent _____ Parent _____

___ I do not have internet

ACCURACY AGREEMENT

I promise that all information provided to First Lutheran School is accurate and complete. (Any omissions or inaccuracies may result in removal of a student from FLS.) I show my agreement that I have provided accurate information by signing my name in the space below. I also agree to provide any documentation or information requested by FLS in a timely manner. I understand there is a 60 day probationary period, during which time the Principal and/or School Board may rescind my child’s enrollment from First Lutheran School.

Parent/Guardian’s Signature_____

Date_____

Parent/Guardian’s Signature_____

Date_____

First Lutheran School admits students of any race, color, or national or ethnic origin to all the rights, privileges and activities generally accorded or made available to students. The school does not discriminate on the basis of race, color, or national or ethnic origin in the administration of education policies, admissions policies, financial aid policies, or school administered programs.

First Lutheran School Kindergarten to 8th Grade

MEDICAL RELEASE 2015-2016

This form may be used to record parental permission for medical and surgical treatment in case medical emergencies arise.

We, the undersigned as the parents and/or legal guardians of _____ hereby grant to First Lutheran School, its employees and agents the authority to seek medical care for our child. We further consent to any and all emergency medical and surgical treatments, including anesthesia and operations which may be deemed medically necessary by any qualified physician selected by agents or officials of First Lutheran School. The intention thereof is to grant authority to administer and to perform all and singularly any emergency examinations, treatments, anesthetic, operations, and diagnostic procedures which may now or during the course of the patient's care, be deemed medically necessary by any qualified physician. Witness of our consent and agreement to the matters stated above, we have subscribed our signatures below.

Parent/Guardian Signature

Parent/Guardian Signature

Date

Medical Insurance _____ Policy # _____

Father: _____ Cell Phone: _____ Work Phone: _____

Mother: _____ Cell Phone: _____ Work Phone: _____

List any medications and when taken: _____

Physician's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

Allergies or Special Conditions: _____

Allergist: _____ Phone: _____

Attach Physician Plan and Permission to Administer Rescue Meds if there is a SEVERE ALLERGY!

Epi-Pen in school office Other: _____

(Inhaler, etc.)

NOTE: In the event of an emergency medical situation, the school/chaperone will always attempt to contact the student's parents/guardian first!

First Lutheran School Kindergarten to 8th Grade

CONSENT STATEMENTS Valid for school year 2015-2016

Student's Full Name: _____

OVER-THE-COUNTER MEDICATION CONSENT

___ DO NOT ADMINISTER ANY OTC MEDICATIONS

If you choose DO NOT ADMINISTER, phone authorization will not be accepted as consent and a parent/guardian must come to the school to administer medication to the student.

___ YES ___ **NO** I / We authorize the staff of First Lutheran School to administer the following over-the-counter medications to the student named above. I / We understand that by checking any box, only *one dose* of medication may be dispensed per school day. *Students are not permitted, at any time, to have any medication in their possession. Exemption occurs with written doctor's orders and medical consent forms on file in the school office.* I / We agree to hold harmless and to indemnify First Lutheran School and its staff in the administration of the following medications.

Please check the appropriate spaces below:

- | | |
|--|--|
| ___ Acetaminophen adult strength tablets 200mg | ___ 1 tablet ___ 2 tablets |
| ___ Ibuprofen adult strength tablets 200mg | ___ 1 tablet (recommended dosage) |
| ___ Acetaminophen child strength liquid or fast melt | ___ recommended dosage ___ other _____ |
| ___ Ibuprofen child strength liquid or fast melt tab | ___ recommended dosage ___ other _____ |
| ___ Tums or generic equivalent | ___ one tablet ___ two tablets |
| ___ Mentholated cough drops | ___ one ___ two |

MINOR FIRST-AID CONSENT

Please check the appropriate spaces below:

___ YES ___ **NO** I / We agree to hold harmless and to indemnify First Lutheran School and its staff in administering minor first aid to the above-named student. I / We understand that an incident report will be sent home with the student. If my child receives a minor injury during the school day, I / We consent to the application of the following:

- ___ Hydrogen peroxide spray / soap and water for cleaning minor wounds
- ___ Neosporin or equivalent antibiotic ointment
- ___ Vaseline or equivalent for chapped lips/skin
- ___ Band-aids or appropriate wound dressing (products may include latex)

TRIPS/TRANSPORTATION

___ YES ___ **NO** I agree that extra-curricular activities are a vital part of a well-rounded education. I / We give my consent to First Lutheran School and its approved drivers to transport the student to activities which may be held away from FLS campus. I understand that these activities may include education field trips, cultural excursions, recreational outings, off campus performances and school sponsored sports related activities. I understand that FLS staff and School-Approved Parent Drivers and Coaches will provide the transportation. I agree to hold harmless and to indemnify First Lutheran School, its staff, and school-approved parent drivers and coaches in the event of accident or injury while transporting students for school-related activities.

STUDENT SERVICES CENTER (Before and after school child care program)

___ YES ___ **NO** I / We agree that my child may participate in the Student Services program provided by First Lutheran School. I understand the Center is open before school from 6:30 am – 8:00 am and after-school until 6:00 pm. Center services are available as-needed. Charges are \$1.00 per quarter hour. Late charges begin at 6:01 pm and are \$1.00 per minute per child. If your child attends the program on a day that school is closed, please send their LUNCH and a DRINK (including required utensils) as our cafeteria kitchen will be closed. The fee for a nonschool day is \$35.00, operating hours are 6:30 am to 6:00 pm. Any late charges will be applied as listed above.

PREREGISTRATION FOR NON-SCHOOL DAYS IS RECOMMENDED. NON-REGISTERED students may attend, space permitting, at a cost of \$45.00 per day. Registration forms are available in the school office or ECE.

PHOTOS/PUBLICITY

___ YES ___ **NO** I / We hereby give First Lutheran School full, unrestricted rights to publish, distribute electronically and/or use any still or motion pictures, of the applicants for use in editorial content, art, advertising, trade or any other lawful purpose. I / We understand the applicant's likeness may be used in advertising and/or promotions. I / We hereby release and hold harmless the above named, its successors, employees, agents, and assigns from any liability or claims of damage whatsoever in connection with said use of applicant's likeness. I / We waive any right to inspect and approve final use of materials covered hereunder. I / We have read and understand this Release, and certify that the information provided is true and accurate.

SCHOOL DIRECTORY

___ YES ___ **NO** I / We give permission to include student's birthday, address and home phone number for publishing in the school directory. *Directory will be available to school parents for classmate information only and will not be distributed for any other purpose.*

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Tennessee Department of Health CERTIFICATE OF IMMUNIZATION



Child's Name (Last name, first name, middle) _____ Birthdate (mm/dd/yy) _____

Parent/Guardian Name (Last name, first name, middle) _____

Phone (please include area code xxx-xxx-xxxx) _____

Address _____

City _____ State _____ Zip Code _____

Religious Exemption
 Check here if religious exemption to immunization selected by parent/guardian

Health Examination Documentation (if required)
 This child has been examined: MM / DD / YY _____

Certified by (Signature/Stamp) _____

Check if needed
 Dental Screening
 Vision Screening

Unless specifically exempted by law, Tennessee law requires a certificate on file for each child in attendance in any school or child care facility in Tennessee. Detailed instructions for this form and explanation of requirements are in "Instructions for Completion of Immunization Certificates" and the "Official Immunization Schedule" at the Tennessee Department of Health website (<http://health.state.tn.us/CEDS/required.htm>) and on the Tennessee Web Immunization System.

VACCINE	DATE MM / DD / YY	DATE MM / DD / YY	DATE MM / DD / YY	DATE MM / DD / YY	DATE MM / DD / YY	DATE MM / DD / YY	Total Doses	Depressed (Y/N)	+Seroogy (Y/N)	History (Y/N)	Medical Exemption (S)
Required Vaccines for School or Child Care Attendance											
Hib <small>Child Care Only (<5 years)</small>											
Pneumococcal (PCV) <small>Child Care Only (<5 years)</small>											
DTP, DTaP, DT, Td											
Poliomyelitis											
Hepatitis B <input type="checkbox"/> Check here if 11-15 years 2-dose schedule used									YY		
Hepatitis A <small>Child Care Effective 7/2010 Kindergarten Effective 7/2011</small>									YY		
Measles									YY		
Mumps									YY		
Rubella									YY		
Varicella								YY	YY	YY	
Tdap Booster <small>7th Grade Entry Only</small>											
Recommended Vaccines (Documentation Optional)											
Rotavirus											
Influenza											
Meningococcal											
HPV											

This section must be completed by provider (✓select one*)

A) Temporary - Expiration Date MM / DD / YYYY _____
Expiration one month after date next catch-up immunization is due.

B) Child Care Up to Date
Requirements incomplete, but up to date for age. Certificate valid until 19 months of age.

C) Child Care / Pre-School / Pre-K Complete*
Fulfills requirements for child care / pre-school <5 years of age.

D) Complete K-5th Grade*
Fulfills requirements, Kindergarten through 5th grade.

E) Complete 7th grade or higher
Fulfills requirements, 7th grade or higher.

*If age 4 years and fulfills requirements for Pre-School and Kindergarten, check BOTH Boxes C and D.

Printed or Stamped Name, Address, Phone of Qualified Healthcare Provider or Health Department: _____

Certified by (signature/stamp) _____ Date of Issue MM / DD / YYYY _____