

FIRST LUTHERAN SCHOOL

CONSECUTIVE ENROLLMENT APPLICATION 2015-2016

Parent or guardian shall complete and sign this enrollment application and return it to FLS along with a **non-refundable**

Student Name	Grade or ECE / # of days	Enrollment Fee \$200 ECE \$250 KGN-Grade 5 \$300 Grade 6-8
	TOTAL DUE	
SAMPLE : Susie Sample Johnny Sample	ECE P3 full days M-W-TH Grade 3	\$200 \$250 Total due: \$450

enrollment fee(s). Students are not considered "enrolled" until all forms are completed, signed, and the enrollment fee(s) paid.

Father: _____ Home Phone: _____

Address: _____
Street
City
State
Zip

Cell Phone: _____ Work Phone: _____

Place of Employment: _____ Email: _____

Church Affiliation: _____ Church Attendance: Weekly Occasionally Seldom

Mother: _____ Home Phone: _____

Address: (if different from above): _____
Street
City
State
Zip

Cell Phone: _____ Work Phone: _____

Place of Employment: _____ Email: _____

Church Affiliation: _____ Church Attendance: Weekly Occasionally Seldom

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:

<u>Name</u>	<u>Phone Number</u>	<u>Relationship to Child</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



INTERNET COMMUNICATIONS

School communication is done via our school portal (fastdir.com/firstlutherschool) 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 line below.

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

_____ **I do not have internet**

If there is a separation or divorce in the family or if the applicant resides with a legal guardian other than the parent, please complete this section.

Name of Legal Guardian: _____ Relationship to Child: _____

Address (if different from above): _____

Home Phone: _____ Cell Phone: _____

If separated or divorced, with which parent does the student reside: _____

Attach a copy of the court's decision regarding custody if one parent is not allowed contact or there are special circumstances regarding custody.

Step Father: _____ Step Mother: _____

Who is Responsible for the financial account? _____

Enrollment Agreement

I understand that tuition due on the first of each school month. Account balances are always available on FastDirect and balance due notifications will be sent via FastDirect. Lunch, student services, and any other fees due will be applied first when payment is received, with any remaining balance applied to tuition. A paper statement will be mailed after the fifteenth if no payment is received and a late fee of \$20 will be added to your account. There will be a \$25 fee for returned checks. Any account balance over thirty days past due may result in termination of services and collection efforts shall result. First Lutheran School understands that financial difficulties may arise and are willing to work out suitable payment arrangements with proper communication.

Please initial that you have read and understand this policy.

Parent/Guardian _____ Parent/Guardian _____

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.

(Signature of parent or legal guardian)

Date: _____

(Signature of parent or legal guardian)

Date: _____

**First Lutheran School
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:

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