

# FIRST LUTHERAN SCHOOL

*Faithfully Learning and Serving*

## KINDERGARTEN – GRADE EIGHT

### 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 \$75.00 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 - \$225.00  
                                 Kindergarten to 5<sup>th</sup> Grade - \$275.00  
                                 6<sup>th</sup> Grade to 8<sup>th</sup> Grade - \$325.00

*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.*

*First Lutheran ECE Students transitioning to Kindergarten do not pay the application fee, but need to submit updated documents.*

**Return application form, \$75 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.)





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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 2020-2021 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: \_\_\_\_\_ Ethnicity \_\_\_\_\_

\_\_\_\_\_ Zip Code \_\_\_\_\_

County: \_\_\_\_\_ Public school zoned for : \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Primary Email: \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  Female  Male Race: \_\_\_\_\_

**SEVERE ALLERGY/MEDICAL CONDITION ALERT:** \_\_\_\_\_

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/church: \_\_\_\_\_

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/church: \_\_\_\_\_

## EMERGENCY CONTACTS

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

**(Non-Parent)** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

\*\*\*\*\*

**(Non-Parent)** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell \_\_\_\_\_

\*\*\*\*\*

List other people that may transport your child. Identification may be requested by the staff prior to release of the child.

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

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***In case of divorce or separation, please complete this section:***

Student lives with:  father  mother  other, explain \_\_\_\_\_

Legal custody:  joint  father  mother  other, explain: \_\_\_\_\_

Who is responsible for financial account?: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ A copy of the Court Order must be on file in the school office if custodial rights are restricted.

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## 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?

\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_

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

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

If YES, when and by whom? \_\_\_\_\_

Outcome: \_\_\_\_\_

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

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

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

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

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

Time and place where medication is taken? \_\_\_\_\_

Does your child wear glasses or contacts? If so, are they near or far sighted? \_\_\_\_\_

List student's academic strengths: \_\_\_\_\_

List student's academic weaknesses: \_\_\_\_\_

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

List some activities or hobbies that interest your child: \_\_\_\_\_

Additional information that may be helpful to the school staff: \_\_\_\_\_

## **Additional Information**

Would you volunteer as a room parent or work with the Parent-Teacher League?  No  Yes

Are you interested in learning more about 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 line below.

**Please initial that you have read and understand this policy.** Parent \_\_\_\_\_ Parent \_\_\_\_\_

I have internet  I do not have Internet  Other (Explain : \_\_\_\_\_)

## **Enrollment Agreement**

I understand that tuition due on the first of each school month. We encourage you to take advantage of our auto-pay system called Vanco Services or online payment options through Fast Direct. 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 statement will be sent 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. If two checks have been returned NSF only cash or certified funds will be accepted. Any account balance over thirty days past due may result in termination of services and collection efforts may result. First Lutheran School understands that financial difficulties may arise and are willing to work out suitable payment arrangements with proper communication. Please contact the Principal or school administrative assistant as soon as you find it difficult to meet your obligation.

**Please initial that you have read and understand this policy.** Parent \_\_\_\_\_ Parent \_\_\_\_\_

## **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 8<sup>th</sup> Grade

## MEDICAL RELEASE 2020-2021

***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 2020-21**

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 250mg       | <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 _____ |

**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)

**DEPARTMENT OF EDUCATION**

     Yes      No I have received and read the Department of Education Standards for School-administered Child Care, Chapter 0520-12-01 Summary.

**FIRST LUTHERAN SCHOOL FAMILY HANDBOOK**

     Yes      No I acknowledge that a copy of the First Lutheran School Family Handbook has been made available to me and that I understand and agree to the content provided within.

**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 \$1.25 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 \$40.00, 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 \$50.00 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.

\_\_\_\_\_Yes \_\_\_No I/We give permission for First Lutheran School to publish my son/daughter’s written work with only the child’s first name being used to identify the author.

**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.*

**INTERNET USAGE/PERMISSION**

\_\_\_\_\_Yes \_\_\_No I/We give permission for my child to access the school’s networked computer services, the Internet, and online productivity tools. I/We release the school and its employees from any responsibility or liability resulting in any way from my child’s use of the access privilege or based on any materials the student acquires or sees as a result of access by the student or others. I also understand that the school and its employees have no relationship to non-school use of technology.

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_