S t u d e n t I n f o r m a t i o n

Child's name: Application for grade:

Date of birth: Gender: T-shirt size: 2T-4T 6-8 10-12 14-16 AS AM AL

Last school attended: How long:

Reason for leaving: Last day attended:

Principal's name: School phone:

School address:

Has the student ever been expelled, suspended, or otherwise disciplined in a previous school?

If 'yes', please explain:

Has the student ever experienced a grade retention or double promotion?

If 'yes', please explain:

Race **(choose ONE for required state records):** _____ Asian _____ Black (not of Hispanic origin) _____ Hispanic

_____ Native American _____ White (not of Hispanic origin)

Student lives with (check all that apply): _____ Father _____ Stepfather _____ Mother _____Stepmother _____ Legal guardian

_____ Grandmother _____ Grandfather _____Other _____

F a m i l y I n f o r m a t i o n

Father's name: Email address:

Home phone: Work phone: Cell phone:

Mailing address:

Mother's name: Email address:

Home phone: Work phone: Cell phone:

Mailing address:

Name of current Church: Denomination:

Is the student baptized? Date of baptism: Church:

_____ We do not have a church membership. _____ We do not have a church membership and would welcome a call from the Pastor.

P i c k - u p & E m e r g e n c y C o n t a c t

The following people are authorized to pick up my children:

Emergency contact (not living with you):

Phone number: Relationship:

Extended emergency out of state contact (in case of a state of emergency):

Phone number: Relationship:

Enrollment & Financial Agreement

By enrolling my child I am agreeing to the following:

Registration Paid Date: _____

Check # _____

1. Show support to the faculty and staff of the school.
2. Give my child permission to attend all field trips, extra-curricular activities and athletic events.
3. Allow my child's picture to be published by the school in any form of media.
4. Have my name, phone number, and address published in the annual school directory.
5. Pay tuition on the date that it is due according to the following arrangement.
6. Pay before and after school care, wish care, and piano bills in accordance with school policy.

Registration Fee: _____ ❑Please check box if military or early enrollment discount given Materials Fee: _____

Total annual tuition amount: $_____ ❑Please check box if paying for the whole year by August 1, 2019 and receiving a 3% discount.

Tuition rate of: $_____ per month for _____ months First payment month: _____ Final payment month: _____

Payments are due on the first of the month and are considered late after the 5th of the month. A fee of $25 may be applied to accounts after the 5th of each month. A student's enrollment may be suspended if an account is delinquent after the 20th of the month.

This enrollment agreement is a financial contract. Any request to alter the payment schedule or tuition due must be made in writing to the Lakewood Lutheran Board of Education. This request may be approved or denied.

Signature: SSN# Date:

Billing name and address:

Medical Information

I hereby authorize Lakewood Lutheran School, as our agent, execute appropriate consent documents and/or give consent to surgical or medical treatment by any licensed physician or hospital in the State of Washington for our children on this application form when such treatment is deemed necessary.

Such consent shall include, but is not limited to, administration of necessary anesthetics, medical treatment, test, x-ray examination, transfusions, injections of drugs, and the performing of whatever operations may be deemed necessary or advisable. Further, consent is granted to said physician to exercise his or her discretion in authorizing the disposal of any severed tissue or members.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, to provide the agent and my child's attending physician the authority to exercise, in their best judgment, what they deem necessary.

Student's name:

Family physician: Phone:

Last tetanus: Allergies:

Medical diseases: Previous surgeries:

Special education needs:

Emotional or psychological needs (past or present):

Drug allergies: Medications:

Insurance Co: Policy holder: Policy number:

I understand that I am financially responsible for the medical care for the above named child. I further agree to pay all collection fees, collections cost, court cost and attorney fees in the event that legal action shall be instituted to collect all or any portion of the hospital's charges for medical care and services provided to the patient.

Father's signature: Date:

Mother's signature: Date:

Legal guardian's signature: Date:

Witness' signature: Date:

How did you hear about us?