

**Hope Lutheran Day School
Student Application & Information Form**

Enrollment for: A.M. Kindergarten All Day Kindergarten

1st 2nd 3rd 4th 5th 6th 7th 8th

Child's Name _____

Nickname _____

Birth date _____ Sex: M F

Address _____

City, State, Zip _____

Home Phone _____

Guardian's Name (if other than parent) _____

Phone _____

FAMILY INFORMATION

PLEASE NOTIFY THE SCHOOL IF ANY PHONE NUMBERS CHANGE.

Mother's name _____

Occupation _____

Employer _____

Work Phone _____

Cell _____

Mother's email address _____

Mother's normal working hours _____

Father's name _____

Occupation _____

Employer _____

Work Phone _____

Cell _____

Father's email address _____

Father's normal working hours _____

Are Parents: married? _____ separated? _____

 divorced? _____ unmarried? _____

Name, age, and sex of other children in family:

School Last Attended _____

Grade Level Completed _____

**A \$150 NON-REFUNDABLE REGISTRATION FEE MUST
ACCOMPANY THIS APPLICATION**

Religious denomination, name of church family attends _____

Has child been baptized? YES NO If so, when and where?

Does child attend Sunday School? YES NO If so, where?

Additional information about your child _____

EMERGENCY INFORMATION

SPECIAL MEDICAL INFORMATION (ALLERGIES, MEDICATIONS, DIETARY RESTRICTIONS, ETC):
If yes, please describe:

PHYSICIAN _____

Phone _____

DENTIST _____

Phone _____

If parents cannot be reached in an emergency, list two people to be called:

Name _____ Phone _____

Relationship to Child _____

Name _____ Phone _____

Relationship to Child _____

Authorized Persons to Pick Up Your Child:

Name/Relationship _____

Name/Relationship _____

Name/Relationship _____

Name/Relationship _____

(Parents: please notify us if you are planning for a listed person to pick up your child from school.)

Signature of Parent/Guardian _____ Date _____

Signature of Parent/Guardian _____ Date _____