

2016-2017 Student Enrollment Information

Date _____

Child's Information:

New Student: Yes No **Level:** PK2/3 PK3 VPK4 Kindergarten 1st 2nd 3rd

Student's Name _____ Preferred Name _____
First Middle Last

Address _____ City _____

State/Zip _____ Home Phone _____ E-mail _____

Birth Date _____ Place of Birth _____

Race/Ethnicity: Caucasian Hispanic African-American Asian Native American Pacific Islander
Other _____

Languages spoken in the home: _____

Is the child adopted: Yes No If Yes, does the child know? Yes No

Parent Information:

Custodial Parent: Mother Father Joint Legal Guardian _____

Parent's Marital Status: M S W D If divorced, does non-custodial parent receive school correspondence? Y N

Father's Name _____ Mother's Name _____

Address _____ Address _____

Home Phone _____ Home Phone _____

Occupation _____ Occupation _____

Employer _____ Employer _____

Work Phone: _____ Work Phone _____

Cell Phone _____ Cell Phone _____

E-mail _____ E-mail _____

Siblings Information:

Name _____ DOB/Age _____ School _____

Name _____ DOB/Age _____ School _____

Name _____ DOB/Age _____ School _____

COMPLETE BOTH SIDES OF THIS FORM

Reason for enrolling at HTLS: _____

How did you hear about HTLS? _____
(If a referral, a discount may go to referring family.)

Last school/preschool/day-care child attended: _____

Address _____ City _____

If your child has experienced any conditions or previous difficulty in school, please note the source and nature of the condition or difficulty: _____

Please list any Diagnoses, Evaluations, or Therapies _____

Will you need Extended Care? 7-8 A.M. Regular Occasional 3-6 P.M. Regular Occasional

EMERGENCY CONTACTS: *(These will be called if the parent cannot be reached within a reasonable amount of time.)*

First Contact: _____
Name Relationship Phone

Second Contact: _____
Name Relationship Phone

Third Contact: _____
Name Relationship Phone

In case of extreme emergency, your child will be taken to the nearest hospital.

Baptism:

Is the child baptized? Y N Date _____

Place of Baptism: _____
Church and/or Denomination Address/City/Zip

Religious Preference:

Father _____ Mother _____

Church Home: _____
Church and/or Denomination Address/City/Zip

Please check if you are interested in any of the following:

_____ I would like a call from the Pastor.

_____ I desire to learn more about the Lutheran faith.

_____ I would like to have my child baptized.

_____ I wish to transfer my Lutheran membership to HTLC.

COMPLETE BOTH SIDES OF THIS FORM