



# Christ Lutheran School - Overland Park, Kansas

## 2016-2017 Application for Enrollment

Thank you for your interest in Christ Lutheran School. We are thankful for the opportunity to serve your family. Please carefully and thoroughly fill out all information on both sides of this form. The submission of an application does not constitute placement at Christ Lutheran School.

### Student Information

Student's Legal Name \_\_\_\_\_

Nickname \_\_\_\_\_ Birth Date \_\_\_\_\_ Entering Grade \_\_\_\_\_

Parents/Guardian \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

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

Does the student live with both parents? Yes or No (Circle One)

If the answer is no, please provide the following information about the non-custodial parent:

Name/s \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

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

Does the non-custodial parent/s have permission to transport the student to and from school? Yes or No (Circle One)

### Ethnicity and Religion

Student's Religion \_\_\_\_\_ Church Home \_\_\_\_\_

Has the student been baptized? Yes or No (Circle One)

What is the ethnic origin of the of the student?

American Indian    Asian    Black    Hispanic    White    Bi-Racial    Other

### Academic History

Does the student have a current IEP (Individualized Education Plan) or has the student had one in the past? \_\_\_\_\_  
Yes or No (Circle One)

Schools Attended:

School Name \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_

School Name \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_

## Siblings

Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

## Health Information

Does the student have any other condition, disability or challenge that may impact academic performance or require special equipment, therapy or assistance? Yes or No (Circle One)

List any medications taken regularly \_\_\_\_\_

List previous hospitalizations and or surgeries \_\_\_\_\_

List any allergies (medication, food, insect bites, etc...) \_\_\_\_\_

Please circle yes or no to the following questions regarding the student:

Seizures	Yes or No
Headaches or Migraines	Yes or No
Serious head injury or loss of consciousness	Yes or No
Asthma or difficulty breathing with or without exercise	Yes or No
Hearing loss (ventilating tubes)	Yes or No
Speech difficulty/therapy	Yes or No
Wear contact lenses or glasses	Yes or No
Serious Dental Issues	Yes or No
Diagnosis of Attention Deficit Disorder	Yes or No
Emotional or Behavioral Issues	Yes or No

## Application Checklist

- Application for Enrollment (front and back)
- Student Information Sheet (front and back)
- Birth Certificate
- Immunization Record
- Technology Use Agreement
- Parent Partnership Form
- Non-refundable Registration Fee (required)

1st through 8th Grade

- Copy of most recent report card and achievement test

Kindergarten

- Teacher Recommendation Form.

## Declaration of Intent

The signature below represents a commitment to enroll the student listed above at Christ Lutheran School. To the best of my knowledge, the information on this form and accompanying attachments is true and accurate.

\_\_\_\_\_  
*Parent/Guardian*

\_\_\_\_\_  
*Date*