

FOR OFFICE USE ONLY:

Application Date: _____

Admission Date: _____

HOPE LUTHERAN CHURCH & SCHOOL

Application for Admission

Phone: 806-798-2747 Fax: 806-798-3019

Child Information:

Class Entering: _____

Child's **Legal**,

Full Name: _____

*Hours and Days Child Will Attend: _____

Address: _____

DOB: _____

Gender: Male / Female (circle one)

Home Church: _____

Special Needs: List any special needs that your child may have, such as allergies (foods or medications), existing illness, previous serious illness, injuries during the past 12 months, or any medication prescribed for long term, continuous use. In addition, please provide any other information of which the staff should be aware.

If there are no special needs, please indicate with N/A.

Physician's Information: _____

Name

Address

Phone #

Parent/Guardian Information:

(circle one): Mr., Mrs.,
Ms., Miss

Father's/Guardian's Name: _____

Address: _____

Telephone:

(Home): _____ (Work): _____

_____ Zip _____

(Cell): _____

Occupation: _____

E-Mail: _____

(circle one): Mr., Mrs.,
Ms., Miss

Mother's/Guardian's Name: _____

Address: _____

Telephone:

(Home): _____ (Work): _____

_____ Zip _____

(Cell): _____

Occupation: _____

E-Mail: _____

Billing Information:

(circle one): Mr., Mrs.,
Ms., Miss

Person Responsible for Bill: _____ Address: _____

Phone #: (Home) _____ (Work) _____ Zip _____

Family Information:

Other Family Members:

Full Name DOB Relationship to Student

Emergency Contact Information:

In the event of an emergency and you cannot be reached, please list the name and telephone number of someone who may be called:

Name Phone # Address

Please list the names and phone numbers of people to whom your child may be released:

Name Phone #'s

Emergency Authorization: In the event of an emergency, I authorize a representative of Hope Lutheran School to seek medical assistance for my child.

(Parent/Guardian Signature Required)

