

APPLICATION FOR ENROLLMENT

Zion Lutheran School

3917 Waverly Road, Owego, NY 13827 ~ 607-687-6376

Email: zionluthrn@stny.rr.com Web Site: www.zionowego.org

How did you hear about us? _____

Date _____

For School Year _____

ENROLL IN ZION LUTHERAN PRESCHOOL:	
3 Year Old: (8:30-11:15 a.m.)	_____ T/TH
(8:30-2:30 p.m.)	_____ T/TH
4 Year Old: (8:30-11:15 a.m.)	_____ M/ W/F
(8:30-2:30 p.m.)	_____ M/W/F
(8:30-2:30)	_____ Monday-Friday
Kind. _____	Grade 1 _____
Grade 2 _____	Grade 3 _____
Grade 4 _____	Grade 5 _____
Grade 6 _____	

(Please Print)

Name of Student _____

Address _____ City _____ Zip _____

Home Phone _____ Birth Date _____ E-Mail: _____

Please check one: _____ American Indian, Alaskan _____ African American _____ Hispanic
_____ Asian, or Pacific Islander _____ other _____ Caucasian

School District (you live in) _____

Church Membership _____

Does your child attend Sunday School _____ Yes _____ No _____ Occasionally

Baptized? _____ Yes _____ No Baptismal Date: _____

FAMILY INFORMATION

Father's Name _____ Mother's Name _____

Other members of household (brothers, sisters, grandparents, etc.)

Name _____	Age _____	Relationship _____
_____	Age _____	Relationship _____
_____	Age _____	Relationship _____
_____	Age _____	Relationship _____
_____	Age _____	Relationship _____

Parents' Employment:

Father _____ Work Hours _____ Phone/cell _____

Mother _____ Work Hours _____ Phone/cell _____

Name of person to contact if parent(s) cannot be reached (must be completed).

Name _____ Phone _____

Address _____

Relationship to child _____

EMERGENCY, ILLNESS AND HEALTH INFORMATION

Does your child have any medical condition we should be aware of? _____NO _____YES
If yes, please indicate

_____Asthma (___ Medication ___ Inhaler) _____Kidney/Bladder _____Arthritis _____Diabetes _____Bee Sting Allergy _____Milk Allergy _____Penicillin _____Other allergies (list) _____ _____ _____Internal Irregularities _____Convulsive Seizures Type: _____ _____Sight Impairment _____Wears glasses	_____Deafness _____Surgeries (list) _____Date _____ _____Date _____ _____Fractures (list) _____Date _____ _____Date _____ _____Heart problems (list) _____ _____ _____Physical Handicap (describe) _____ _____Medication Allergy (list) _____ _____ _____Other _____
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PHYSICIAN /DENTIST INFORMATION

Family Doctor _____ Office Phone _____
Address _____

Family Dentist _____ Office Phone _____
Address _____

Hospital Preference: _____

RELEASE

If emergency treatment is required and the parents or legal guardian cannot be reached immediately, your signature in the space provided below empowers the school authorities to exercise their own judgement in calling the physician above and/or to transport the child to a hospital emergency room. This release is also authorization and consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to such student under the general or special supervision, and on the advice of a licensed physician, surgeon, anesthesiologist, dentist, or other qualified medical personnel acting under their supervision.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists concurring in the necessity for such surgery are obtained before surgery is performed.

Parent Signature _____ Date _____

Parent Signature _____ Date _____

STUDENT DIRECTORY PERMISSION

Do we have permission to print and release your address and phone number in a Student Directory for Zion Lutheran School Parents?

_____ Yes, I give permission for this information to be published in the student directory.

_____ No, I do not give my permission for this information to be published.

_____ Please print my address, but not my phone number.

PERMISSION FOR STUDENT PICK-UP

In case of an emergency or unforeseen circumstances, I give permission to Zion Lutheran School to release my child(ren) to the following person(s): (Please include spouse if appropriate.)

Name _____	Phone _____	Relationship _____
_____	Phone _____	Relationship _____
_____	Phone _____	Relationship _____
_____	Phone _____	Relationship _____

I understand that the information will be kept confidential and not shared with anyone outside the principal or teachers. I also accept the responsibility to notify the school in writing if any changes are necessary.

Signed _____ Date _____

BUSING INFORMATION

Will your child be riding the bus (children eligible for Kindergarten and up; some districts may transport Pre-K 4 and 5 yr. olds)? (Transportation requests are due to districts by April 1) _____ Yes _____ No

If yes:

_____ leaving for school from what address?

_____ returning to what address?

_____ school district (OA, NV, TC, C, UE, V, ME, S-VE)

Tuition may be paid annually, semi-annually, quarterly or monthly. Payments are to begin in August and end in May and are due by the 10th of the month. Enrollment after August, 2 months tuition is due the first month payment begins. A \$10 late charge will be added if payment is not received by the 25th of the month. The late fee may be waived by contacting the school treasurer with an explanation and a plan for payment. Please mail or drop it off at the school office unless other arrangements have been made with the school treasurer.

Please return this application with your registration fee to:
Zion Lutheran School, 3917 Waverly Road, Owego, NY 13827.

Report cards will not be released at the end of the school year until all tuition and library and text book obligations are satisfied.

REGISTRATION (Non-Refundable)

Pre-K	\$125
Kindergarten-Grade 6	\$200
K-6--two or more children in family	\$350

BOOK FEE (due by May 30)

K-6	\$150
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<p>I have read and understand the payment policy.</p> <p>Signature _____</p> <p>Date _____</p>
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