

**APPLICATION FOR ENROLLMENT**

**Zion Lutheran School**

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

Email: [zionluthrn@stny.rr.com](mailto:zionluthrn@stny.rr.com) Web Site: [www.zionowego.org](http://www.zionowego.org)

How did you hear about us? \_\_\_\_\_

Date \_\_\_\_\_

For School Year \_\_\_\_\_

ENROLL IN: Pre-School: (8:30-11:15 a.m.)	M_____	T_____	W_____	TH_____	F_____
Pre-School: (8:30-2:30 with extended session)	M_____	T_____	W_____	TH_____	F_____
Kindergarten: (8:30 a.m. – 2:30 p.m.)	_____				
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 \_\_\_\_\_ Caucasian  
\_\_\_\_\_ Asian, or Pacific Islander \_\_\_\_\_ other

School District \_\_\_\_\_

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)	_____ Deafness
_____ Kidney/Bladder	_____ Surgeries (list)
_____ Arthritis	_____ Date _____
_____ Diabetes	_____ Date _____
_____ Bee Sting Allergy	_____ Fractures (list)
_____ Milk Allergy	_____ Date _____
_____ Penicillin	_____ Date _____
_____ Other allergies (list)	_____ Heart problems (list)
_____	_____
_____ Internal Irregularities	_____ Physical Handicap (describe)
_____ Convulsive Seizures	_____
_____ Type: _____	_____ Medication Allergy (list)
_____ Sight Impairment	_____
_____ Wears glasses	_____ 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 10<sup>th</sup> 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 25<sup>th</sup> 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-School	\$100
Kindergarten-Grade 6	\$175
K-6--two or more children in family	\$300
<b>BOOK FEE</b> (due by May 30)	
K-6	\$110

I have read and understand the payment policy.

Signature \_\_\_\_\_

Date \_\_\_\_\_