

TIMOTHY LUTHERAN SCHOOL ENROLLMENT FORM

301 E Wyatt Road
Blue Springs, MO 64014

816-228-5300
816-874-4025 (fax)

FOR OFFICE USE ONLY

Date rec'd: _____
Enroll. Fee: _____
Immunization: _____
Medical: _____
Class: _____
Time of class: _____
Teacher: _____
Admission date: _____
Discharge date: _____

STUDENT'S NAME		SEX	BIRTHDATE
ADDRESS		CITY	STATE ZIP CODE
		HOME TELEPHONE NUMBER ()	
PUBLIC SCHOOL DISTRICT WHERE STUDENT LIVES:			
MARITAL STATUS OF PARENTS: SINGLE _____ MARRIED _____ SEPARATED _____ DIVORCED _____ WIDOW _____			
STUDENT LIVES WITH:			
MOTHER'S NAME		E-MAIL ADDRESS	HOME TELEPHONE NUMBER ()
ADDRESS		CITY	STATE ZIP CODE
		CELL PHONE ()	
EMPLOYED BY (OR SCHOOL ATTENDS)		BUSINESS TELEPHONE NUMBER ()	
ADDRESS		CITY	STATE ZIP CODE
		HOURS OF EMPLOYMENT FROM TO	
FATHER'S NAME		E-MAIL ADDRESS	HOME TELEPHONE NUMBER ()
ADDRESS		CITY	STATE ZIP CODE
		CELL PHONE ()	
EMPLOYED BY (OR SCHOOL ATTENDS)		BUSINESS TELEPHONE NUMBER ()	
ADDRESS		CITY	STATE ZIP CODE
		HOURS OF EMPLOYMENT FROM TO	
STEPMOTHER'S NAME (if applicable)			
STEPFATHER'S NAME (if applicable)			
NAMES, BIRTH DATES & GENDERS OF SIBLINGS			

EMERGENCY CONTACT(S) OTHER THAN PARENT OR DOCTOR			
NAME		RELATIONSHIP	
ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NUMBER ()			
NAME		RELATIONSHIP	
ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NUMBER ()			
PERSON(S) AUTHORIZED TO TAKE STUDENT FROM SCHOOL OTHER THAN PARENTS			
NAME		NAME	
AUTHORIZATION FOR EMERGENCY MEDICAL CARE			
I understand that I will be notified at once in case of accident or illness to my child, and I will make arrangements for medical care of my child with the physician or hospital of my choice. If I cannot be reached to make necessary arrangements, or in a critical emergency requiring medical care, I hereby authorize Timothy Lutheran School to contact the following:			
DOCTOR/CLINIC		TELEPHONE ()	
ADDRESS	CITY	STATE	ZIP CODE
FOR EMERGENCY MEDICAL TREATMENT OF MY CHILD, MY PREFERRED HOSPITAL IS			
NAME		TELEPHONE ()	
ADDRESS	CITY	STATE	ZIP CODE
PRIMARY INSURANCE CARRIER		POLICY #	
PERMISSION			
I do _____ do not _____ give consent for my child to take part in field trips or excursions with Timothy Lutheran School under proper supervision.			
I do _____ do not _____ give consent for our phone number and address to be included in a school directory.			
I do _____ do not _____ give consent for my child to be photographed for any pictures that may be used for publicity, church, and/or school activities.			
AGREEMENTS			
Timothy Lutheran School and I have agreed on a plan for continuing communication regarding my child's development, behavior, etc.			
When my child is ill, it is understood and agreed that he/she may not attend school.			
I understand that I will receive a copy of the school's policies pertaining to the admission, care, education, and discharge of children before school begins in August.			
NON-DISCRIMINATORY POLICY			
Timothy Lutheran School admits students of any race, color, national, or ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national, or ethnic origin in administration of its educational policies, admissions policies, athletic, and other school-administered programs.			
PARENT/LEGAL GUARDIAN SIGNATURE			DATE