



Hope Lutheran School
 6414 N. Hampton Dr., Austin, TX 78723-2099
 Voice: (512) 926-0003 FAX: 512-926-0708

Office Use Only	
App. Received _____	Appointment with Principal: _____
Payment \$ _____	_____
Immunization Complete _____	Approval _____
Transcripts received _____	Start date _____
Notes: _____	Entered in Database: _____
_____	_____

2005-06 STUDENT APPLICATION

Circle the class for which you are enrolling your child:

Preschool: P2's P3's P4's Kindergarten Grades: 1 2 3 4 5 6 7 8

Circle the program(s) for which you are enrolling your child:

Age of child on Sept. 1, 2005 _____ Time that care is needed _____

Early Morning Care 7 AM – 7:45 AM Preschool or School **ONLY** Preschool or School **AND** child care

After School Child Care pick up **ONLY** From which school? _____ Summer Child Care Program

NAME OF STUDENT _____
 LAST FIRST MIDDLE

ADDRESS _____ HOME PHONE _____

CITY / STATE _____ ZIP _____ ETHNICITY (Optional) _____ FEMALE MALE

LIST PHONE NUMBER AND ADDRESS IN SCHOOL PHONE DIRECTORY? YES NO

EMAIL ADDRESS (HOME & WORK): _____

DATE OF BIRTH ___/___/___ BIRTH PLACE: CITY/STATE _____ ADOPTED/Yes: FROM: _____

DATE OF BAPTISM ___/___/___ CHURCH OF BAPTISM _____ CITY/ST OF BAPTISM _____

NAME OF CHURCH FAMILY REGULARLY ATTENDS: _____

CHECK THOSE THAT APPLY: PARENTS ARE: TOGETHER SINGLE SEPARATED
 REMARRIED DIVORCED MOTHER DECEASED FATHER DECEASED GUARDIANS

IF SEPARATED OR DIVORCED WHO HAS CUSTODY? _____

ALL INFORMATION MUST BE FILLED OUT COMPLETELY FOR EMERGENCY PURPOSES:

MOTHER: (IF REMARRIED stepmother) NAME _____ TX DRIVER'S LIC# _____
 EMPLOYER _____ WORK PHONE _____

FATHER: (IF REMARRIED stepfather) NAME _____ TX DRIVER'S LIC# _____
 EMPLOYER _____ WORK PHONE _____

GUARDIAN: (HER) NAME _____ TX DRIVER'S LIC# _____
 EMPLOYER _____ WORK PHONE _____

GUARDIAN: (HIS) NAME _____ TX DRIVER'S LIC# _____
 EMPLOYER _____ WORK PHONE _____

OVER

LIST SCHOOLS, ADDRESSES AND GRADES STUDENT HAS PREVIOUSLY ATTENDED BELOW:

How did you hear about Hope Lutheran School? **(Check all that apply):**

- Radio
 Phone Book
 Newspaper
 Enrolled last year
 Passing by
 Church publications
 Member of Hope
 Flyer (location): _____
 Friend (name): _____
 Other: _____

PLEASE LIST ALL INDIVIDUALS (self included) AUTHORIZED TO PICK UP YOUR CHILD

NAME	PHONE	NAME	PHONE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you or the individuals listed on this form cannot be contacted, please indicate instructions for the school if the child is sick or injured?

Although the above recommendation of the parent will be respected as much as possible, I understand that in the final disposition of an emergency case the judgment of the school authorities will prevail.

EMERGENCY MEDICAL INFORMATION MUST BE COMPLETED

Physician _____ Address _____ Phone _____
Medical Center _____ Address _____ Phone _____
Dentist _____ Address _____ Phone _____

PLEASE LIST STUDENT'S SPECIAL NEEDS – MEDICAL, PHYSICAL, ACADEMIC, PSYCHOLOGICAL, FOOD ALLERGIES (attach a doctor's statement and list of substitutions):

NAMES AND AGES OF BROTHERS/SISTERS: _____
(Circle names of those attending Hope)

SCHOOL ACTIVITIES:

I give my child, _____, permission to participate in any planned school activity unless I indicate that I do not wish for my child to participate. I also give my child permission to ride in a school or private vehicle at such times as it is necessary to transport him/her to a planned school activity. In case of an accident, I will not hold the school, driver, host, or sponsor responsible for more than the amount indicated in the liability insurance covering said vehicle. I also will not hold the teacher responsible should an accident occur.

My child has been examined within the past year by a health care professional and is able to participate in Hope's program.

WATER ACTIVITIES: I hereby give do not give my consent for my child to participate in water activities:
 splashing pools wading pools swimming pools

AISD STUDENTS IN AFTER-SCHOOL CARE ONLY: My child attends the following school and his/her complete immunization record is on file at the school and all immunizations and tuberculosis tests are current.

NAME OF SCHOOL AND ADDRESS

SCHOOL PHONE NUMBER

I hereby certify that I understand and am in agreement with the policies, programs and tuition fees. I acknowledge that abuse of these policies could cause dismissal from the program. I further understand that participating in the Parent Teacher League and in class activities such as singing in church will further enhance my families experience at Hope. ANYTIME THE ABOVE INFORMATION CHANGES, I WILL NOTIFY THE PROPER SCHOOL AUTHORITIES.

PARENT'S/GUARDIAN'S SIGNATURE

DATE

NON-DISCRIMINATORY POLICY: Hope Lutheran School admits students of any race, color, or 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, or national or ethnic origin in administration of its educational policies, admissions policies, and athletic and other school administered programs.