

In case of emergency I authorize the Headmaster or person in charge to seek medical treatment at the following facility:

Name of hospital _____

Name and telephone of doctor _____

Parent/Guardian Signature _____ Date ____/____/____

Other children living at home:

Name _____ Age _____ School attending _____

Name _____ Age _____ School attending _____

Name _____ Age _____ School attending _____

Language Spoken in the home _____ Other Languages spoken _____

Academic Information:

Student's Previous/Current School _____

Phone _____

Address _____ City/State _____ Zip _____

Reason for leaving previous school _____

Has your child ever been suspended or dismissed from a previous school? Yes ____ No ____

If yes, please explain, give name of school and principal _____

Has your child ever repeated a grade? Yes ____ No ____ If yes, what grade? _____

Does your child have any specific academic needs you would like to share?

Other Information:

Is there any other pertinent information regarding your child or family situation you would like to share that would assist us in meeting the needs of your child? Please explain:

Release Information:

In addition to parents, I authorize my child to leave the school premises with the following persons:

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Publication Release:

During the school year photos of the students will be taken and many will be used in print publicity, on our website and in the yearbook. *If you do not wish for your child's photo or name to appear, please sign below :*

I request that my child's photo or name not be used in publication _____

Parent Signature

Tuition Plan—Please check one:

Payment of Tuition in full

Monthly payment plan

Contractual Agreement: Must be signed by all responsible parties

We the undersigned:

1. Agree to fulfill all financial obligations—payment of tuition for the school year and fees as billed
2. Understand that all fees are non-refundable
3. Attest that the information in this application is correct and true

Father's Signature _____ Date _____

Mother's Signature _____ Date _____

How did you hear about Memorial Lutheran School?

HAIS website _____ Memorial Lutheran website _____ Friend/Relative _____ Church _____

Advertisement _____ Internet Search _____ Yellow Pages _____ Current School _____

<p>For Statistical Purposes Only - Ethnic Origin: <input type="checkbox"/> African-American <input type="checkbox"/> Asian/Asian American</p> <p><input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other</p> <p style="text-align: center;">Memorial Lutheran School adheres strictly to a Non-Discriminatory Policy</p>
