

HOPE LUTHERAN CHURCH & SCHOOL

Application Date: _____

5700 98TH Street

Lubbock, Texas 79424

Admission Date: _____

806-798-2747 (ph) 806-798-3019 (fax)

CHILD INFORMATION

CLASSROOM _____

Child's Legal

Name _____ Address _____

City ,Zip _____

DOB _____ Days of attendance _____

PARENT/GUARDIAN INFORMATION

Father's Name _____ Address _____

Work# _____ Cell# _____

Occupation _____ email _____

Mother's

Name _____ Address _____

Work# _____ Cell# _____

Occupation _____ email _____

Other than you, who else has permission to pick up your child from school?

Name _____ Phone# _____

Name _____ Phone# _____

Name _____ Phone# _____

Name _____ Phone# _____

EMERGENCY CONTACT:

Name _____ Address _____

Phone# _____

Make a choice for each statement:

1. TRANSPORTATION: I hereby ___give ___do not --give my consent for my child to be transported and supervised by facility's staff on field trips.
 2. WATER ACTIVITIES: : I hereby ___give ___do not-- give my consent for my child to participate in the following water activities: ___wading pools ___swimming pools
 3. FIELD TRIPS: I hereby ___give ___do not-- give my consent for my child to participate in field trips
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SCHOOL AGE CHILDREN: My child attends the following school and his/her immunization record is on file at the school and all immunizations and tuberculosis test are current.
(Summer/Holiday Care)

Name of School _____

Address _____

Phone # _____

My child has permission to be transported to Hope Lutheran Church & School for After School Care

Signature of Parent/Legal Guardian _____ **Date** _____

I have received a copy of the Hope Lutheran Church & School Parent/Student Handbook, which includes Discipline & Guidance Procedures.

Signature of Parent/Legal Guardian _____ **Date** _____

Attached is a copy of my child's **up-to-date immunization record**.

Attached is a copy of my child's **well-child statement from child's physician**.

I agree that the above information is correct and that all information needed to enroll my child is complete.

Signature of Parent/Legal Guardian _____ **Date** _____