

2011-2012
GLORIA DEI LUTHERAN SCHOOL ENROLLMENT FORM
1711 Ring Road East, Elizabethtown, KY 42701
(270) 769-5910

MISSION STATEMENT

In faith and thankfulness to Christ, this school will provide excellent academic instruction while teaching God's eternal truth and nurturing God's children in our church family and in our community.

Date this form was filled out / /

How were you referred to our school? Ad Friend Sight

STUDENT INFORMATION

Name: Last First Middle Name child is called

Street address: City State Zip Code

Home telephone number Date of birth Male /Female

Last school attended Address City State Zip code

Grade entering: \_\_\_ Kindergarten \_\_\_ First \_\_\_ Second \_\_\_ Third \_\_\_ Fourth \_\_\_ Fifth \_\_\_ Sixth \_\_\_ Seventh \_\_\_ Eighth

Childcare needs: \_\_\_Before School \_\_\_After School \_\_\_During Breaks

Race: Please circle or indicate \_\_\_American Indian \_\_\_Asian \_\_\_Black \_\_\_Hispanic \_\_\_White \_\_\_Other

FAMILY INFORMATION

Siblings who attend GDLS or LCCC:

Name \_\_\_\_\_ Program entering \_\_\_\_\_

Name \_\_\_\_\_ Program entering \_\_\_\_\_

PARENT/GUARDIAN INFORMATION

Mother Occupation/Title Workplace Work phone; ext.

Email address \_\_\_\_\_ [ ] Please send the monthly Newsletter to this e-mail address.

Father Occupation/Title Workplace Work phone; ext.

Email address \_\_\_\_\_ [ ] Please send the monthly Newsletter to this e-mail address.

Child lives with: Both Parents Mother Only Father Only Other \_\_\_\_\_

Parent/s not living with child:

Name: Address City State Zip Home phone

Occupation/Title Workplace Work phone

Please clearly list any restrictions to the non-custodial parent's right on a separate sheet of paper. Also, include any court documents that may apply to these restrictions.

**EMERGENCY NAMES AND PHONE NUMBERS OF THOSE WHO ARE AUTHORIZED TO PICK UP YOUR CHILD:**

**Parent/Guardian, list your name/s and the names of all persons to whom we may release this child:**

Mother \_\_\_\_\_ Restrictions? If yes, specify: \_\_\_\_\_

Home phone \_\_\_\_\_ Work number \_\_\_\_\_ Ext. \_\_\_\_\_ Cell \_\_\_\_\_

Father \_\_\_\_\_ Restrictions? If yes, specify: \_\_\_\_\_

Home phone \_\_\_\_\_ Work number \_\_\_\_\_ Ext. \_\_\_\_\_ Cell \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship to child \_\_\_\_\_

**When necessary, please call:** \_\_\_ Mom first Phone# \_\_\_\_\_

\_\_\_ Dad first Phone# \_\_\_\_\_

\_\_\_ Other first Name \_\_\_\_\_ Phone# \_\_\_\_\_

**PLEASE COME BY THE OFFICE TO MAKE ANY CHANGES TO THE AUTHORIZED PICK-UP LIST.**

**Child's Baptismal Information:**

Date	Church name	City	State
Father's church membership	Mother's (If different)	Child's (If different)	

Acceptance of this enrollment form and the registration fee of \$225.00 assure your child a place in our school. In return, we expect that you will honor your enrollment for the year unless some unusual circumstance occurs and dissolving the contract becomes the most advantageous arrangement for your child.

I agree to honor this enrollment as described above. In case I do need to remove my child from the school I will give a month's notice and pay for that time.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**To help our staff know your child better, please provide any information about him/her that would be beneficial for us to have on file. Include any changes that have recently occurred in his/her home life, any known allergies or health issues, or any other pertinent information you would like to share.**

---

---

---

---

---