



# PEACE LUTHERAN SCHOOL

1234 Riddell Road N.E., Bremerton, WA 98310 - Phone: 360-373-2116

Office Use Only

\_\_\_\_ Date Rec'd

## Application for Enrollment 2012-2013

### STUDENT INFORMATION

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Grade: \_\_\_\_\_ Gender:  M  F

Check ALL that apply (Admittance priority is based on these criteria and receipt of registration):

1.  Sibling of a current student (Name): \_\_\_\_\_
2.  Peace Lutheran Church Member
3.  Waiting List 2011-2012

Student resides with (check one):  Both Parents  Shared Custody  Guardian  Mother  Father

FAMILY INFORMATION	Father / Legal Guardian	Mother / Legal Guardian
First and Last Name ( <i>please print</i> )		
Home Address		
City, State, Zip Code		
Home Phone Number		
Cell Phone Number		
Email Address		
Business/Occupation/Title		
Business Phone Number		

### Brother(s)/Sister(s)

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

### ADDITIONAL INFORMATION

Local Church Membership: \_\_\_\_\_ Pastor: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Baptized/Dedicated:  Yes  No

Ethnic Origin (check one): *This information does not affect admission, but is required for demographic reporting purposes:*

African American  Asian  Caucasian  Hispanic  Native American  Other \_\_\_\_\_

Is child adopted:  Yes  No If adopted, is child aware of adoption:  Yes  No

Previous school: \_\_\_\_\_ Address: \_\_\_\_\_

### EMERGENCY INFORMATION

Emergency Contact/Authorized to Pick-Up	Address	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Not Authorized to Pick-Up

\_\_\_\_\_  
 \_\_\_\_\_

**ADDITIONAL EMERGENCY INFORMATION**

Insurance Information \_\_\_\_\_

Policy Holder \_\_\_\_\_

Physician's Name \_\_\_\_\_

Policy Number \_\_\_\_\_

Physician's Address \_\_\_\_\_

Physician Phone \_\_\_\_\_

Dentist's Name (if none, write "none") \_\_\_\_\_

Dentist Phone \_\_\_\_\_

Dentist's Address \_\_\_\_\_

Allergies/Health Concerns \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Call Doctor  Yes  NoCall Rescue Squad  Yes  NoImmunizations up to date  Yes  No (completed form must be turned in by first day of school)

Full Date of Last Physical Exam: \_\_\_\_\_ Full Date of Last Dental Exam: \_\_\_\_\_

**PARENT CONTRACT**

**Mission: We are God's family united to equip students, promote excellence, and instill success in a Christ-centered environment.** Peace Lutheran School is committed to follow our Lord's command to "train a child in the way he should go, and when he is old, he will not turn from it." (Proverbs 22:6).

Our commitment to quality Christian education is extended to students and families of any race, color, national or ethnic origin.

We expect families enrolling at Peace will be supportive of our Christian beliefs and values and will encourage the faith development of their children.

**As parents/guardians, I/we agree to:**

\*Abide by all of the school's policies and procedures as stated in the Parent Handbook.

\*Strengthen the Christian training of our child by offering our time and talents in school-related tasks and by being active in the school's Parent Teacher League.

\*Strengthen the Christian training of our child by active participation and attendance in a Sunday School and/or Worship service.

We further agree to support our child's involvement in special activities that might require him/her to attend Peace Lutheran Church.

**I/We further accept that:**

\*All registration fees are to be paid prior to final enrollment and are non-refundable.

\*Building/Technology fee is paid yearly and is non-refundable.

\*I/We will promptly pay all tuition and fees as outlined on the Financial Agreement Form.

\*Upon my child's acceptance, I am financially obligated to Peace Lutheran School for the payment of tuition. If I withdraw my child from school, I obligate myself for the full payment of tuition through the end of the month my child is enrolled at Peace Lutheran School.

\*I/We understand that if my account is in arrears at the end of the school year, I will not be eligible to re-enroll my child until all fees are paid in full. Transcripts and records will be held until an agreement is reached.

I/We have carefully read and understand the contents of this application, Parent Handbook, and other registration materials. I/We agree that the application has been completed with accurate information, including, but not limited to addresses, phone numbers, and emergency contacts. I/We agree to following the school's policies and procedures as outlined in the Parent Handbook.

\_\_\_\_\_  
Parent/Guardian Signature\_\_\_\_\_  
Date