Application for Admission

Faith Lutheran School

800 Brooks Street
Sugar Land, Texas 77478
(281) 242-4453
Fax (281) 242-8749
www.faithlutheranschool.org

Application To Do List

Make an appointment to interview the School Administrator and schedule a testing time for your child.

Bring your child for testing along with the following:

- **A** non-refundable testing fee (see fee schedule).
- A copy of your child's report cards, standardized test scores and any other specialized testing.

You will be notified by the Administration concerning the student's acceptance.

When a student is accepted:
The following must be submitted to the office before student is allowed to attend classes:

- A **non-refundable registration fee (see fee schedule).** A discounted registration fee is offered for early registration
  .
- **Immunization Records** (or a Medical/Health Information form signed by your child's physician).
- **Birth Certificate** (copy).
- **New Student Application Forms** ***(complete on-line, print, sign and bring to school office)***
- ***Simply Giving*** **Member Enrollment and Authorization Form** with voided check (or tuition payment) submitted to school office ***(complete on-line, print, sign and bring to school office).***

Required immunizations may be found at: www.dshs.state.tx.us

Student's acceptance is **provisional** until records are received from previous school(s).

NOTICE OF NON-DISRIMINATORY POLICY

Faith Lutheran School does not discriminate on the basis of gender, race, color, national or ethnic origin in the administration of our educational policies, employment practices, admission policies, scholarship programs, athletic and other school administered programs.

FAITH LUTHERAN SCHOOL NEW STUDENT APPLICATION

APPLICATION FOR GRADE: _____

Applying for entrance on _____**(Date)**

Student's Full Name

_____

Student prefers to be called: _____

☐ **Male** ☐ **Female** **Date of Birth:** _____

Social Security Number: _____

FOR OFFICE USE ONLY

Testing Date_____; **TESTING FEE**:
$_____ Check #_____
$_____ Cash Receipt #_____
Date Registered _____ **REG. FEE**:
$_____ Check #_____
$_____ Cash Receipt #_____
TUITION:
$_____ Check #_____
$_____ Cash Receipt #_____

Application Forms ☐ Emergency Form ☐

Birth Certificate ☐ Immunizations ☐

Previous School Report Cards ☐

Previous School Test Scores ☐

DATE OF ADMISSION: _____

_____
Administrator Signature

Is applicant a United States Citizen? ☐ Yes ☐ No
If no, does applicant require I-20? _____
For Statistical Purposes Only-Ethnic Origin:
☐ Asian ☐ African-American ☐ Caucasian
☐ Hispanic ☐ Other_____

What language other than English, if any, is spoken in the home? _____
To what extent?_____

How did you hear about Faith Lutheran School?
☐ from our current school ☐ from a friend/relative ☐ from our church
☐ from a currently enrolled sibling ☐ from the FLS website ☐ from an FLS mailer
☐ from a newspaper/magazine ad (which one_____) ☐ other
If a member or staff of Faith Lutheran Church, School or Preschool referred you, please name:
_____

Siblings
Name _____DOB _____School _____
Name _____DOB _____School _____
Name _____DOB _____School _____

Student's Home Address

_____

City_____ State_____ Zip Code_____

Public School District applicant is zoned to: _____

How are you related to the student?

Father ☐ Stepfather ☐ Grandfather ☐ Guardian ☐

Mr. /Dr./Rev. _____
Employer: _____
Occupation: _____
Home Phone:_____
Work Phone: _____
Cell Phone/Pager: _____
E-Mail Address _____
Responsible for School Related Decisions ☐ Yes☐ No
Responsible for School Communications ☐ Yes☐ No
Responsible for Financial Bills? ☐ Yes☐ No

Mother ☐ Stepmother ☐ Grandmother ☐ Guardian ☐

Mrs./Ms./Dr./Rev. _____
Employer _____
Occupation _____
Home Phone: _____
Work Phone _____
Cell Phone/Page _____
E-Mail Address _____
Responsible for School Related Decisions ☐ Yes ☐ No
Responsible for School Communications ☐ Yes ☐ No
Responsible for Financial Bills? ☐ Yes ☐ No

PART 1, PAGE 2 STUDENT'S NAME: _____

Is your child the subject of a court order? ☐ Yes ☐ No
If parents are divorced or separated, which parent has legal responsibility for school related decision, school communications and financial bills?_____

What are the custody arrangements? _____

_____

PHOTO PERMISSION:

☐ By checking this box I give my permission for my child's photo to be used in print publicity, on our website, in videos and displays used for marketing.

☐ By checking this box I give my permission for my child's photo to be used on **school bulletin boards** in the school hallways and in **Faith Lutheran Church school informational announcements**.

☐ By checking this box, I give my permission for my child's photo to be in the **school yearbook**.

FAMILY CHURCH MEMBERSHIP

DENOMINATION: _____

NAME OF CHURCH: _____

STUDENT BAPTISED: ☐ Yes ☐ No

☐ We are NOT members of a church.

☐ We would welcome a visit from a Pastor.

Child daycare operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800)-514-0383 (TTY)

PART 2 FAITH LUTHERAN SCHOOL - NEW STUDENT APPLICATION
STUDENT'S NAME: _____

Last School Attended

Name of School _____Phone_____

Address _____City _____ State ____ Zip Code_____

Reason for leaving previous school_____

Student History

So that your child's education experience is positive, please complete the following questions:

Has your child ever been dismissed or withdrawn from any school for any reason? ☐ Yes ☐ No

(If yes, please explain)_____

Is your child ineligible to return to any of the previously attended schools? ☐ Yes ☐ No

Has your child experienced any discipline/conduct problems, school suspensions, grade retentions, double promotions, etc.? ☐ Yes ☐ No (If yes, please explain) _____

_____

Have your child's absences and/or tardiness exceeded school attendance policies? ☐ Yes ☐ No

_____

Does your child have any specific academic needs? (Reading, Speech, ADD, ADHD, Gifted?)_____

Does your child require any special curricular or classroom modifications? _____

_____

Are there any special medications, allergies, or limitations your child has that we need to be aware of?

_____

Please use the space below for any other pertinent information about your child or family situation that would assist us in meeting our shared commitment to your child: _____

_____

Father's Signature (required)

_____Date_____

Mother's Signature (required)

_____Date_____

ADMINISTRATOR/TEACHER RECOMMENDATION FORM FIRST THROUGH EIGHTH GRADE
FAITH LUTHERAN SCHOOL

Name of Student: _____
Candidate for Grade: _____

Parent or Guardian:
I understand and agree that the information contained on this recommendation form is confidential and will be used only in the admissions process and will not become part of the student's permanent record. I also agree to waive all rights to review this form once received by Faith Lutheran School. The student's application is not complete and enrollment is provisional until this form and former school records are received by Faith Lutheran School.

Parent or Guardian Signature: _____ Date: _____

TEACHER	**Consistently**	**Usually**	**Sometimes**	**Seldom**	**Not Observed**
Listens to and follows teacher's directions					
Completes assignments on time					
Is self motivated					
Demonstrates the ability to work independently					
Demonstrates ability to stay on task					
Responds positively to constructive criticism					
Relates and works well with other students					
Is a positive leader					
Is a follower of good leadership					
Is considerate of others					
Takes responsibility for belongings					
Consistently arrives to school on time					
Exhibits age-appropriate emotional maturity					

PRINCIPAL/HEADMASTER	**Consistently**	**Usually**	**Sometimes**	**Seldom**	**Not Observed**
Parents pay fees and tuition (if in a private school) on time					
Parents support school policies and procedures					
Parents are active in Parent-Teacher organization					

Signature of Teacher: _____ Date: _____ Phone Number: _____ Time toward call: _____	**Signature of Principal/Headmaster**: _____ Date: _____ Phone Number: _____ Time to call: _____

If you are willing to discuss this applicant by phone please enter your phone number and a time to call.

RETURN TO: Faith Lutheran School, 800 Brooks Street, Sugar Land, TX 77478

RECORDS TRANSFER REQUEST
FAITH LUTHERAN SCHOOL

STUDENT'S NAME: _____

Date of Birth: _____ Grade: _____

SCHOOL LAST ATTENDED:_____
ADDRESS: _____
_____
PHONE: _____ FAX:_____

I give permission for the transfer of all pertinent school and medical records of the student named above, including copies of birth certificate, social security card, attendance records, health and immunization records, standardized test scores, grades and/or test scores, notice of any testing for special education and any other confidential information to:

Faith Lutheran School
800 Brooks Street
Sugar Land, Texas 77478
(281) 242-4453
Fax (281) 242-8749

_____
Signature of Parent/Legal Guardian Date

Please return this form along with the **ADMINISTRATOR/TEACHER RECOMMENDATION FORM to:**
Faith Lutheran School
800 Brooks Street
Sugar Land, TX 77478

EMERGENCY MEDICAL, TRANSPORTATION AND RELEASE FORM
FAITH LUTHERAN SCHOOL AND PRE-SCHOOL

SCHOOL YEAR: _____

NAME: _____ ☐ Male ☐ Female GRADE: _____ BIRTH DATE:_____

List in preferential order the people to call in case of emergency:

NAME: _____

RELATIONSHIP TO CHILD: ☐ Mother ☐ Father ☐ Sibling ☐ Sibling under age of 18 ☐ Other _____

Home #: _____ Work # _____ Cell # _____

NAME: _____

RELATIONSHIP TO CHILD: ☐ Mother ☐ Father ☐ Sibling ☐ Sibling under age of 18 ☐ Other _____

Home #: _____ Work # _____ Cell # _____

NAME: _____

RELATIONSHIP TO CHILD: ☐ Mother ☐ Father ☐ Sibling ☐ Sibling under age of 18 ☐ Other _____

Home #: _____ Work # _____ Cell # _____

In signing this form, I am giving permission to the persons listed above to pick up my child. In addition the following people also have permission to pick up my child:

NAME	RELATIONSHIP	PHONE

(LIST ADDITIONAL NAMES ON BACK OF FORM)

Please provide a **PASSWORD** that both your child and the person picking your child up will know:

_____

Check here if ANY Faith Lutheran School parent may pick up your child. ☐

Please note that, for the safety of your child, we will only release him/her to people listed on this form. Please consider all possible people who may be picking up your child in order to make this list as complete as possible. If an emergency arises and someone not on this list will be picking up your child, you must send a fax or written note giving permission and include your signature.

Doctor: _____ PHONE: _____

Medical Care Facility: _____ PHONE: _____

INSURANCE: _____

POLICY #: _____ GROUP #: _____

LIST ALLERGIES, REACTION AND HOW TO RESPOND:

ALLERGY	REACTION	RESPONSE

MEDICINE TAKEN DAILY	REASON

If your child needs to take ANY medication while at school (prescription OR over-the-counter), you must provide the medicine in the original container with a permission slip and instruction. We do not provide any mediation for our students.

Limiting Disabilities: _____

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:

In the event I cannot be reached to make arrangements for emergency medical care, I authorize a school faculty member or administrator to transport the student to the physician, Medical Care facility listed above or to the nearest available source of assistance. I give consent for Faith Lutheran School and Pre-school to secure any and all necessary emergency medical care for my child.

_____ _____

PARENT SIGNATURE **DATE**

EMERGENCY MEDICAL FORM PAGE 2

STUDENT'S NAME: _____

The following people also have permission to pick up my child:

NAME	RELATIONSHIP	PHONE

Faith Lutheran Church and School
800 Brooks Street
Sugar Land, TX 77478

ENROLLMENT CONTRACT

STUDENT'S NAME: _____

Please select the payment plan desired by checking the appropriate box:

☐ Monthly payments with ACH Draft (auto-pay) as set forth in the Tuition Fee Schedule
☐ Monthly payments cash or check as set forth in the Tuition Fee Schedule
☐ Tuition paid in full (5% discount)

CONTRACTUAL AGREEMENT:
MUST BE COMPLETED AND SIGNED BY ALL PARTIES
We the undersigned:

I. Agree to fulfill all financial obligations
   A. Tuition and fees will be paid by the 1st of the month. Students with tuition in arrears may be withheld from class until payment is current.
   B. In the event of withdrawal or dismissal, all fees are non-refundable and tuition will be charged through the end of the month.
   C. Student's grades, credits and transcripts will not be released until all applicable tuition and fees are paid.
II. Agree to abide by Faith Lutheran School's guidelines as outlined in the student handbook.
III. Give permission for my child to participate in all activities offered through the programs of Faith Lutheran School and Pre-school
IV. Attest the information in this application is correct and true. Any misrepresentations on this application may result in your child being dismissed from Faith Lutheran School.

_____Date_____
Father's Signature (required)

_____Date_____
Mother's Signature (required)

Print Forms