

**HOPE LUTHERAN SCHOOL
STUDENT REGISTRATION FORM (PLEASE PRINT OR TYPE)**

Today's Date _____ School Year _____	A non-refundable registration fee and a new student deposit must accompany this application. See fee schedule.	Entering Grade Level _____ Preschool families only: Please also fill out Preschool Supplemental Registration Form.	For Office Use Only Date Registered _____ \$ _____ Check# _____ \$ _____ Cash Receipt# _____
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Student's Name _____ Sex (circle one) M F
Last First Middle initial
 Student's Date of Birth _____ Student's Social Security # (Optional) _____
 Student's Ethnic Origin: Asian Black Hispanic Jewish Native American Polish White (not of Hispanic origin) Other
(Please circle which best describes your child)

Family Home Phone: _____ / _____ Area Code _____ Family E-mail _____	Student's Home Address: _____ Address/Street _____ City _____ State _____ Zip Code _____ Student's Cell _____
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May we publish your name, address, phone number and family's e-mail address in the school directory? YES NO

Name of individual to be billed _____
 Relationship to the student _____
 Billing Address: *if different from above*

Address City State Zip Code
 Home Phone _____ Work Phone _____

Parents are: Married Separated Divorced Single Parent

Father Stepfather Grandfather Guardian **Student Lives with: circle all that apply** Mother Stepmother Grandmother Guardian

Mr. Dr. Rev. Mrs. Ms. Dr. Rev.

Name _____ Name _____
 Employer _____ Occupation/Position _____ Employer _____ Occupation/Position _____
 Work phone _____ / _____ x _____ Work phone _____ / _____ x _____
Area Code Area Code
 Cell _____ / _____ Cell _____ / _____
 E-mail _____ E-mail _____

Emergency contact/authorized to pick up student: (if parent/guardian cannot be reached) (Must be completed.)

Name: _____ Phone _____ / _____ Relationship _____
 Cell _____ / _____

Name: _____ Phone _____ / _____ Relationship _____
 Cell _____ / _____

Family Church Membership:
 Name of Church _____ Is the student baptized? Yes No
 Denomination _____ Baptism Date _____
 Is the student confirmed? Yes No
 We are not members of a church and would welcome a visit/call from the Hope Lutheran Church Pastor Yes No

Brothers and Sisters

Name _____	Age _____	School _____	Grade _____
Name _____	Age _____	School _____	Grade _____
Name _____	Age _____	School _____	Grade _____

Last school attended prior to Hope Lutheran School: _____
 Phone _____ / _____
 Name of School _____ Area Code _____
 Address _____ City _____ Zip Code _____
 Reason for leaving previous school: _____
 How did you hear about Hope Lutheran School? _____
 (Referrals receive \$100 discount towards their tuition)

Health/Medical/Medication Information: (Please read Medication Policy in Parent/Student Handbook)
 List medications _____
 Medicine needed at school Y (Complete authorization form) N
 Able to participate in physical education? Y N - Reason _____
 Doctor / Clinic _____ Phone _____ / _____
 Medical Insurance Carrier _____ Hospital Preference (if any) _____
 Health Remarks (allergies, asthma, etc.) _____
 Potential Severe Reaction to _____
 So that your child's educational experience is positive, please provide us with any information that might help us:
 Has student experienced any problem in relation to drugs, alcohol, smoking, law enforcement agencies, school expulsion, etc.? _____ No _____ Yes If Yes, please explain: _____
 Has the student experienced any discipline/conduct problems, school suspensions, grade retention, etc.? _____ No _____ Yes If yes, please explain: _____
 Learning disabilities: _____
 Physical disabilities or limitations (glasses, scoliosis, hearing, etc.): _____
 Emotional or psychological needs (past or present treatment): _____

Student interest survey - grade levels in parentheses - check all that apply:
 _____ L.E.S.T.(5-8) _____ Choir (6-8) _____ Basketball (5-8) _____ Track (5-8)
 Lutheran Elementary School Tournament _____ Yearbook (6-8) _____ Handbells (6-8) _____ Cheerleading (7-8)
 _____ Student Council (3-8) _____ Drama (3-8) _____ Cross Country (5-8) _____ Dance/Drill (5-8)
 _____ Art Club (5-8) _____ Math Club (1-4) _____ Volleyball (7-8) _____ Chess Club _____ Other _____

Parent Interest survey - check all that apply:
 _____ PTH (Parents and Teachers of Hope) _____ Library Aide _____ School Activity Clubs _____ Lunch Supervision
 _____ Classroom Assistance _____ Auction Committee _____ Room Parent _____ Athletics _____ Tech/Computer Support

During the year, photos will be taken and may be used in print publicity and on our website (photo only on website), www.hopeseattle.org.
If you do not wish for your child's photo and/or name to appear, please send a written notification to the school office no later than the first day your child attends class at Hope Lutheran School.

Contractual Agreement: Must Be Completed

- We the undersigned:
1. Agree to fulfill all financial obligations with the school.
 2. Agree to abide by Hope Lutheran School polices as outlined in the Parent/Student Handbook.
 3. Understand the following:
 - Student's grades, credits and transcripts will not be issued or released until all applicable tuition and fees are paid.
 - The school uses a third party tuition service which performs the billing and collection of tuition payments for the school. All families wishing to pay their tuition in installments (rather than paying in full by July 1st) must set up an account with the tuition service and abide by its policies. The school office does not collect tuition payments, with the exception of new student deposits and pay in full payments.

Parent/Guardian's Signature _____ Date _____

Parent/Guardian's Signature _____ Date _____