

STUDENT REGISTRATION FORM (PLEASE PRINT OR TYPE)

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School Year _____ <input type="checkbox"/> Returning student <input type="checkbox"/> New student	A non-refundable registration fee must accompany this application. See fee schedule.	Entering Grade Level _____ Preschool 4 <input type="checkbox"/> AM <input type="checkbox"/> PM (Select one)	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 # _____
 Student's Ethnic Origin: African-American American Indian Asian Hispanic White Other Decline to answer
 (Please circle the one which best describes your child)

Family Home Phone: _____ <small>Area Code /</small> Family E-mail _____	Student's Home Address: _____ <small>Address/Street</small> _____ <small>City State Zip Code</small>
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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 Student Lives with: <i>circle all that apply</i> Father Stepmother Grandfather Guardian Mr. Dr. Rev. _____ Employer Occupation/Position Work phone _____ / _____ X _____ <small>Area Code</small> <input type="checkbox"/> Cell <input type="checkbox"/> Pager _____	Mother Stepmother Grandmother Guardian Mrs. Ms. Dr. Rev. _____ Employer Occupation/Position Work phone _____ / _____ X _____ <small>Area Code</small> <input type="checkbox"/> Cell <input type="checkbox"/> Pager _____
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Emergency contact: (if parent/guardian cannot be reached) **(Must be completed.)**
 Name: _____ Phone _____ / _____ Relationship _____
 Name: _____ Phone _____ / _____ Relationship _____

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.

Brothers and Sisters
 Name _____ Age _____ School _____ Grade _____
 Name _____ Age _____ School _____ Grade _____
 Name _____ Age _____ School _____ Grade _____

Last school attended prior to Hope Lutheran School:

Phone _____ / _____
Area Code

Name of School _____

Address _____ City _____ Zip Code _____

Reason for leaving previous school: _____

How did you hear about Hope Lutheran School? _____

Medical/Medication Information:

List medications _____
Doctor / Clinic _____ Phone _____ / _____
Medical Insurance Carrier _____ Hospital Preference (if any) _____
Health Remarks (allergies, asthma, etc.) _____

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 handicaps 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:

Athletics:

L.E.S.T.(5-8) Choir (6-8) Band (4-8) Basketball (5-8) Track (5-8)
 Lutheran Elementary School Tournament Yearbook (6-8) Handbells (6-8) Cheerleading (7-8) Volleyball (7-8)
 Student Council (3-8) Drama (3-8) Hand chimes (2-4) Cross Country (7-8) Dance/Drill (5-8)
 Builders Club (4-8) Other _____

Parent Interest survey - check all that apply:

PTH (Parents and Teachers of Hope) Library Aide School Activity Clubs Lunch Supervision
 Classroom Assistance Office Assistance Room Parent Fundraising Sporting Activities

During the year, photos will be taken and may be used in print publicity and on our website (photo only on website), www.hopesattle.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.

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

- Total amount paid in full by August 1 (Receives a 2% discount)
- Semi-Annual payment plan (August and January)
- 11 month payment plan (July - May)

Contractual Agreement: Must Be Completed

We the undersigned:

1. Agree to fulfill all financial obligations:
 - A. All tuition and fees will be paid as stated on fee schedule.
 - B. Parent Involvement Program (PIP) hour/fee requirements will be fulfilled.
 - C. Student's grades, credits and transcripts will not be issued or released until all applicable tuition and fees are paid.
2. Agree to abide by Hope Lutheran School polices as outlined in the parent/student handbook.

Parent/Guardian's Signature _____ Date _____

Parent/Guardian's Signature _____ Date _____