



APPLICATION FOR ADMISSION

Check here if the information is the same as last year. Signature of guardian: _____

School Office
407-628-5696

Jeremiah Gumm, Pastor
407-628-5696 ext. 222

Randy Cochran, Principal
407-628-5696 ext. 224

STUDENT INFORMATION

Child 1: Student's Name		Male Female	School Year You Are Applying For _____ -- _____	
Date of Birth	Place of Birth	Age	Last Grade Completed	Applying for Grade
School Child Attended Last (include address, if possible):				
Child 2: Student's Name		Male Female	School Year You Are Applying For _____ -- _____	
Date of Birth	Place of Birth	Age	Last Grade Completed	Applying for Grade
School Child Attended Last (include address, if possible)				
Child 3: Student's Name		Male Female	School Year You Are Applying For _____ -- _____	
Date of Birth	Place of Birth	Age	Last Grade Completed	Applying for Grade
School Child Attended Last (include address, if possible)				
Child's Main Residence Address			Residence Telephone	

FATHER'S INFORMATION	MOTHER'S INFORMATION
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Father/Guardian Name	Mother/Guardian Name
Father/Guardian's Cell Number	Mother/Guardian's Cell Number
Father's Address (if different from child)	Mother's Address (if different from child)
Father's Email Address	Mother's Email Address
Father's Occupation	Mother's Occupation
Father is Employed by	Mother is Employed by

Parent's Marital Status: ___ Married ___ Divorced ___ Separated ___ Single ___ Widow/Widower

Student lives with: ___ Father ___ Mother ___ Stepfather ___ Stepmother ___ Other

If divorced*, who has legal custody of the student? ___ Father ___ Mother ___ Joint

**If either parent has limited parental rights, please provide court documentation which outlines such boundaries.*

How did you hear about King of Kings?

ACADEMIC INFORMATION

___ My child has emotional difficulties. Please explain. _____

___ My child has academic difficulties. Please explain. _____

___ My child has had school behavior or disciplinary issues previously. Please explain _____

CHURCH INFORMATION

Name of church currently attending _____ Is your child baptized? ___ Yes ___ No

If you do not have a church home, are you interested in attending classes explaining what we teach at King of Kings? ___ Yes ___ No

MEDICAL INFORMATION

- Please indicate if your child has difficulty with any of the following: ___ Vision ___ Hearing ___ Speech ___ Allergies ___ Appetite
- List any ailments or special health concerns, medications, allergies, etc. that your child's teacher or ASC caregiver should be aware of _____
- Are there any restrictions that would limit or exclude your child from participating in physical education class? ___ Yes ___ No
If yes, please explain. _____
- If parents cannot be reached in an emergency, whom would you prefer we contact
 1. Name _____ Best Contact #: _____
 2. Name _____ Best Contact #: _____
- Insurance Company Name: _____ Group ID#: _____ Patient #: _____
- Family Physician _____ Dr.'s Contact #: _____

PICK UP INFORMATION

The following people **ARE AUTHORIZED** to pick up my child(ren). Be prepared to show photo ID

Name: _____ Relationship to child(ren) _____ Contact number _____

Name: _____ Relationship to child(ren) _____ Contact number _____

Name: _____ Relationship to child(ren) _____ Contact number _____

The following people **ARE NOT AUTHORIZED** to pick up my child(ren). Present documents, if applicable.

Name: _____ Relationship to child(ren) _____

Name: _____ Relationship to child(ren) _____

PHOTOGRAPHY CONSENT

___ I hereby give permission to King of Kings Lutheran School, to take and use photographs and/or digital images of my child for use in news releases and/or educational materials as follows: printed publications of materials, electronic publications, or Web sites. I agree that my child's name and identity may be revealed in descriptive text or commentary in connection with the images. I authorize the use of these images without compensation to me. All negatives, prints, and digital reproductions shall be the property of King of Kings Lutheran School.

___ I do not give King of Kings permission to use any photographs of my child.

I certify that the information I have given is accurate and complete and that King of Kings will keep it confidential.

Signed _____ / _____ Date _____

Signature of Parent/Guardian *Print Name of Parent/Guardian*