



# Christ Lutheran School - Overland Park, Kansas

## 2022-2023 Application for Enrollment

Thank you for your interest in Christ Lutheran School. We are thankful for the opportunity to serve your family. Please carefully and thoroughly fill out all information on both sides of this form. The submission of an application does not constitute placement at Christ Lutheran School.

### Student Information

Student's Legal Name \_\_\_\_\_

Nickname \_\_\_\_\_ Birth Date \_\_\_\_\_ Entering Grade \_\_\_\_\_

Parents/Guardian \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address (Primary) \_\_\_\_\_ Email Address (Secondary) \_\_\_\_\_

Does the student live with both parents? Yes or No (Circle One)

If the answer is no, please provide the following information about the non-custodial parent:

Name/s \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

### Ethnicity and Religion

Student's Religion \_\_\_\_\_ Church Home \_\_\_\_\_

Has the student been baptized? Yes or No (Circle One)

If you are looking for a church home or desire more information, does our Director of Member Engagement & Outreach (Pastor Russ Peterson) have permission to contact you? Yes or No (Circle One)

What is the ethnic origin of the of the student?

### Academic History

Does the student have a current IEP (Individualized Education Plan) or has the student had one in the past? Yes or No (Circle One)

Schools Attended:

School Name \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_

School Name \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_

## Siblings

Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

## Health Information

Does the student have any other condition, disability or challenge that may impact academic performance or require special equipment, therapy or assistance? Yes or No (Circle One)

List any medications taken regularly \_\_\_\_\_

List previous hospitalizations and or surgeries \_\_\_\_\_

List any allergies (medication, food, insect bites, etc...) \_\_\_\_\_

Please circle yes or no to the following questions regarding the student:

|   |           |
|---|-----------|
| Seizures  | Yes or No |
| Headaches or Migraines                                  | Yes or No |
| Serious head injury or loss of consciousness            | Yes or No |
| Asthma or difficulty breathing with or without exercise | Yes or No |
| Hearing loss (ventilating tubes)                        | Yes or No |
| Speech difficulty/therapy                               | Yes or No |
| Wear contact lenses or glasses                          | Yes or No |
| Serious Dental Issues                                   | Yes or No |
| Diagnosis of Attention Deficit Disorder                 | Yes or No |
| Emotional or Behavioral Issues                          | Yes or No |

## Application Checklist

- Application for Enrollment (front and back)
- Student Information Sheet (front and back)
- Birth Certificate
- Immunization Record
- Technology Use Agreement
- Parent Partnership Form
- Non-refundable Registration Fee (required)

1st through 8th Grade

- Copy of most recent report card and achievement test

Kindergarten

- Teacher Evaluation Form.
- Complete Kindergarten Readiness Assessment Interview
- Receive formal confirmation from School administration of acceptance following interview.

## Declaration of Intent

**The signature below represents a commitment to enroll the student listed above at Christ Lutheran School. To the best of my knowledge, the information on this form and accompanying attachments is true and accurate.**

\_\_\_\_\_