

Gethsemane Lutheran School
10675 North Washington Street, Northglenn, CO 80233
303-451-6908

Enrollment Application Checklist

To submit an application form, please return the following materials to GLS

Enrollment Application Form	Colorado Immunization Form/Health Record
Application Fees	Consent to Emergency Treatment Form
School Transcripts (<i>if applicable</i>)	Student Pick-Up Form
Birth Certificate for NEW students	Before/After Care Application (<i>if applicable</i>)

Applications are not considered complete until all of the above materials are received.

STUDENT INFORMATION (*Please Print*)

Child's Last Name	Child's First Name	Child's Middle Name	Nickname (if used)
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Child's Street Address	City/State	Zip Code
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Child's Birthdate	Age	Gender
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Is this child a United States citizen? Yes No

Child lives with (list names & relationship)

Is there a court-ordered custody arrangement for this child? (<i>If yes, our office will require a copy once your child is placed.</i>)	Yes	No
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Child's ethnic origin: (circle one)	Amer. Indian	Asian	Black	Hispanic	Caucasian (white)
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Is your child baptized? Yes No	Date & Location of Baptizing Church
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Applying for:

Preschool - 2 Day AM	Kindergarten Half Day	Fifth Grade
PreKindergarten – 3 Day AM	Kindergarten Enrichment Full-Day	Sixth Grade
PreKindergarten – 5 Day AM	First Grade	Seventh Grade
Preschool/PreK – 2 Day Childcare	Second Grade	Eighth Grade
Preschool/PreK - 3 Day Childcare	Third Grade	
Preschool/PreK - 5 Day Childcare	Fourth Grade	

Gethsemane Lutheran School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded to or made available to students at the school. We do not discriminate on the basis of race, color or national or ethnic origin in the administration of our educational policies, admissions policies, scholarships, athletics or other school administered programs.

How did you hear about Gethsemane Lutheran School?

Church Bulletin	Billboards	Internet
Postcard/Direct Mail	Radio	Phone Book
Brochure	Television	Friend/Family: _____
Newspaper	Signage / Banners	Other: _____

FAMILY INFORMATION

Parent/Gaurdian 1 (primary billing party)	Relationship to Child		
Email Address	Church Affiliation		
Home Address	City	State	Zip Code
Home Phone	Work Phone	Cell Phone	
Occupation	Employer		
Employer Address	City	State	Zip Code

Parent/Gaurdian 2	Relationship to Child		
Email Address	Church Affiliation		
Home Address	City	State	Zip Code
Home Phone	Work Phone	Cell Phone	
Occupation	Employer		
Employer Address	City	State	Zip Code

Sibling's Name	Birthdate	Grade	School
Sibling's Name	Birthdate	Grade	School
Sibling's Name	Birthdate	Grade	School

List child's previous school(s) attended, including preschool and/or kindergarten

Name and address of school	Dates attended
Name and address of school	Dates attended
Name and address of school	Dates attended

In order to submit our state report, please name the PUBLIC school that your child would normally attend: _____

CONSENT TO EMERGENCY TREATMENT

Child's Name: _____

In Case of Emergency Contact First: Mother Father 1st Contact Below

1st Emergency Contact (not Mom or Dad) Relationship Emergency Phone

2nd Emergency Contact (not Mom or Dad) Relationship Emergency Phone

Family Physician _____

Physician Address _____ Phone _____

Family Dentist _____

Physician Address _____ Phone _____

Hospital of Choice _____

Allergies and/or health problems _____

Name & Address of Insurance Company _____

Person Responsible for Insurance _____ Policy Number _____

I hereby give my consent to the emergency room staff of the local hospital to treat my child in an emergency in the event that it is impossible to personally reach me.

Parent/Guardian 1 Signature: _____ Date: _____

PICK UP AUTHORIZATION

The following persons (other than Mom and Dad) are authorized to pick up my child:

Name: _____ Relationship _____

Address: _____ Phone _____

Name: _____ Relationship _____

Address: _____ Phone _____

The following persons are NOT authorized to pick up my child:

Name: _____ Relationship _____

Address: _____ Phone _____

Name: _____ Relationship _____

Address: _____ Phone _____

EDUCATIONAL/BACKGROUND PREFERENCES

In order to better understand your child's background and your desires for his/her education, please complete the following information with as much detail as possible. All information you provide will help us to provide the best experience possible for your child and help us meet their individual needs.

Please list the main reasons you are planning to enroll your child at Gethsemane Lutheran School?

Identify and summarize specific academic challenges that your child experiences or has experienced at home or at other schools.

Please list any and all interventions, i.e., tutors, Chapter I programs, etc., that have been applied with respect to the identified challenges.

My child typically shows an interest in the following areas:

- | | | |
|---------------|----------------------------|-----------|
| Music | Community Service Projects | Reading |
| Athletics | Science | Computers |
| Art | Math | |
| Theater/Drama | English/Spelling | |

I would like to be involved in my child's education in the following ways:

I would like teachers to be sensitive to my child regarding:

Please list any additional information that would help us respond to your child's individual needs:

PAYMENT RESPONSIBILITY

Please print the name of the person responsible for payment of tuition.

GLS will assess a late fee of \$10 to any payment not received in the school office by the 10th of the month when payment is due. This fee will be charged to every late installment. In addition, NSF fees of \$20 will be added to all checks returned for non-payment. Additional payment information can be found in the Parent Handbook. As the responsible party, I will pay my tuition promptly on the 1st day of every month.

Signature of responsible party: _____ Date: _____

PHOTO USE RELEASE

Gethsemane Lutheran School publishes advertising and marketing materials and maintains a website where we may want to include photos of your child. Your signature here authorizes the use of pictures of your child for GLS.

I, _____, give my permission for Gethsemane Lutheran Church & School to use photographs of my child, _____ Date: _____

APPLICATION SIGNATURE

By signing this application, I hereby state that all information contained in this document is true and accurate to the best of my knowledge.

Parent/Guardian 1 Signature: _____ Date: _____

Parent/Guardian 2 Signature: _____ Date: _____