

**ZION LUTHERAN SCHOOL**

1022 W. Monroe Street  
 Decatur, Indiana 46733  
 260.728.9995

**2018-2019 Application**

ZION LUTHERAN SCHOOL EXISTS TO OFFER A CHRIST-CENTERED, CHILD-FOCUSED, QUALITY  
 LUTHERAN EDUCATION TO ALL CHILDREN AND FAMILIES, EMPOWERING THEM TO BE BOLD DISCIPLES OF JESUS.

Please circle the grade your child is entering:

K 1 2 3 4 5 6 7 8

**STUDENT INFORMATION**

Male  Female

NAME: LAST FIRST MIDDLE NAME CHILD WISHES TO BE CALLED

ADDRESS CITY STATE ZIP (AREA CODE) HOME PHONE

DATE OF BIRTH BIRTHPLACE (City, State) SOCIAL SECURITY NUMBER

LAST SCHOOL ATTENDED ADDRESS CITY STATE ZIP

Ethnicity:  White, not Hispanic origin;  Hispanic;  Asian or Pacific Islander;  Black;  Indian or Alaskan Native;  Multi-racial;  Unknown;  Other (please list): \_\_\_\_\_

Please list the public school district in which your child resides (North Adams, Adams Central, etc.)

*Please explain any "yes" answers on a separate sheet of paper.*

- Yes  No Has this child ever been dismissed or suspended from any school?  
 Yes  No Does this child have any behavioral problems?  
 Yes  No Does this child have any problems getting along with others?  
 Yes  No Does this child have any learning problems?  
 Yes  No Does this child have any physical disabilities?

**PARENT INFORMATION**

*Parents Living With Child:*

FATHER WORKPLACE WORK PHONE CELL PHONE

MOTHER WORKPLACE WORK PHONE CELL PHONE

E-MAIL: HOME WORK

*Parents Not Living With Child:*

NAME ADDRESS CITY STATE ZIP HOME PHONE

WORKPLACE WORK PHONE CELL PHONE

Please clearly list any restrictions to the non-custodial parent's rights on a separate sheet of paper.

**SIBLING INFORMATION**

NAME BIRTHDATE CURRENT SCHOOL CURRENT GRADE

NAME BIRTHDATE CURRENT SCHOOL CURRENT GRADE

NAME BIRTHDATE CURRENT SCHOOL CURRENT GRADE

**PERSONS AUTHORIZED TO PICK UP MY CHILD**

NAME RELATIONSHIP HOME PHONE CELL PHONE

NAME RELATIONSHIP HOME PHONE CELL PHONE

NORTH ADAMS BUS RIDER:  AM  PM **Latchkey is available starting at 2:45pm-6:00 pm:**

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## RELIGIOUS AFFILIATION

Child's Baptismal Information:

My child has not been baptized.  
 We currently have no church home.

DATE	CHURCH NAME	CITY	STATE
FATHER'S CHURCH MEMBERSHIP	MOTHER'S (If Different)	CHURCH CHILD REGULARLY ATTENDS (If Different)	

How did you hear about Zion Lutheran School? \_\_\_\_\_

Zion Lutheran School admits students of any race, color, national or ethnic origin to all of the rights, privileges, programs, and activities generally made available to students of this school. It does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational policies, scholarships and any other school administered programs.

**Admission to Zion Lutheran School is a privilege. It is a privilege granted to those students who manifest a desire to live** and work as Christ-centered, Bible-believing Christians. The school reserves the right to dismiss any student who, in the opinion of the administration and Board of Education of Zion Lutheran Church, is not assimilated into the spirit of the school, whether or not that student has kept all the rules and regulations of the school.

### A PARENTAL PLEDGE

Recognizing the value of a Christian education, as a member of the ZION LUTHERAN SCHOOL FAMILY, I agree to comply with the following expectations:

1. Because a genuine Christian education is comprehended in proper and regular attendance at Divine Services and Sunday School, I will attend church and Sunday School with my child.
2. Because a child learns from his or her parents over and above the training offered at Zion Lutheran School, I shall strive to set an example of Christian living.
3. Because a vital part of the educational program of Zion Lutheran School is religious instruction, I agree that my child shall take part in all of the religious services of the school as well as its religious instruction periods.
4. Because financial stewardship is important and commanded by God, I will pay all fees, tuition and other expenses when they are due.

I hereby certify that the above statements are true and pledge to uphold all rules and regulations at Zion Lutheran School and will assure that my child regularly attends Sunday School and Church.

**In case of accident or serious illness**, contact me first. If the school is unable to reach me, I hereby authorize the school to call my physician or dentist and make necessary arrangements to provide medical care as needed at my expense.

Child's Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone Number \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Known allergies or health concerns \_\_\_\_\_

List all prescribed medications \_\_\_\_\_

### FIELD TRIPS

I hereby give permission for Zion Lutheran School to take my child on all field trips and with this signed agreement absolve the teacher, Zion Lutheran School and any and all members of its governing boards of any responsibility for the safety, welfare, health and well-being of the child named above, beyond such matters as may be called reasonable care for children in the custody of a teacher and subject to the teacher's clear instructions, and I assume personally and exclusively all responsibility and liability for accident, injury, etc. which may occur to my child during the time of the specific activity. I understand that I will be given details of each field trip before it begins.

*If my contact information changes, I will notify the school office immediately.*

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

### OFFICE USE ONLY

Date Application Received \_\_\_\_\_ Date Deposit Received \_\_\_\_\_