



APPLICATION FOR ADMISSION

SCHOOLYEAR 20__ - 20__

Visit our school online at www.visitkok.com

School Office
407-628-5696

Ben Golisch, Pastor
407-628-5696 ext. 222

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

Student Information

Student Name:		Male:	Age:
Date of Birth:		Place of Birth:	
School Attended Last (name, address):		Last Grade Completed:	
		Applying for Grade:	
The information King of Kings Lutheran School has from last year has not changed.			
Signature of guardian:			
Student(s) Main Residence Address:			
Residence Telephone:			

Father's Information

Mother's Information

Father/Guardian Name:	Mother/Guardian Name
Father/Guardian's Cell Number:	Mother/Guardian's Cell Number:
Father's Address (if different from student)	Mother's Address (if different from student)
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

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.

Student lives with: Father Mother Stepfather Stepmother Other

How did you hear about King of Kings Lutheran School?

CHURCH INFORMATION

Name of church currently attending _____

Is the student 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 the student has difficulty with any of the following: Vision Hearing Speech Allergies Appetite
- List any ailments or special health concerns, medications, allergies, etc. the student's teacher or ASC caregiver needs to be aware of

- 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.

- Are there any restrictions that would limit or exclude the student 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

The following people ARE also AUTHORIZED to pick up the student. Be prepared to show photo ID

Name: _____ Relationship to student _____ Contact number _____

Name: _____ Relationship to student _____ Contact number _____

Name: _____ Relationship to student _____ Contact number _____

The following people ARE NOT AUTHORIZED to pick up the student. Present documents, if applicable.

Name: _____ Relationship to student _____

Name: _____ Relationship to student _____

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