

# King of Kings Evangelical Lutheran Church & School

1101 N. Wymore Road Maitland, FL 32751



## APPLICATION FOR ADMISSION SCHOOLYEAR 20\_\_ - 20\_\_

Visit our school online at [www.visitkok.com](http://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:
		Female:	
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.

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Student lives with:                                    \_\_\_ Father     \_\_\_ Mother     \_\_\_ Stepfather     \_\_\_ Stepmother     \_\_\_ Other

If Other, please specify \_\_\_\_\_

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 \_\_\_\_\_

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## 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

