

St John's Lutheran School
2415 Silas Creek Parkway
Winston-Salem, North Carolina 27103
Phone (336) 725-1651 Fax (336) 725-1603

APPLICATION FOR ENROLLMENT (KINDERGARTEN – GRADE 8)

PLEASE PRINT LEGIBLY

Name _____
Last First Middle Nickname

Street Address _____

City _____ State _____ Zip _____

Home Telephone # (_____) _____ Social Security # _____

Date of Birth _____ / _____ / _____ Male Female Race/Ethnic Group _____
Month Day Year Circle One

Projected starting date _____

Circle grade child will be entering: Kindergarten 1 2 3 4 5 6 7 8

Is child adopted? Yes _____ No _____

Where will child attend Church and Sunday School? _____

Father's Name _____ Mother's Name _____

Occupation _____ Occupation _____

Employer _____ Employer _____

Work Phone # _____ Work Phone # _____

Cell Phone # _____ Cell Phone # _____

Church Membership _____ Church Membership _____

Email _____ Email _____

Parents' Marital Status: _____ Married _____ Widowed _____ Single

_____ Separated _____ Divorced _____ Remarried

Child lives with: _____ Both Parents _____ Mother _____ Father _____ Other-please explain

Will student attend St. John's through 8th Grade? _____ Yes _____ No If no, through which grade and why?

HOW DID YOU LEARN ABOUT ST. JOHN'S? _____

PREVIOUS SCHOOL: _____

Previous school street address: _____

City, State, Zip: _____

PREVIOUS GRADE PLACEMENT _____

Siblings living in the home:

Name _____ Date of Birth _____ / _____ / _____ Grade _____

Name _____ Date of Birth _____ / _____ / _____ Grade _____

Name _____ Date of Birth _____ / _____ / _____ Grade _____

Emergency Care and Desired Action Information

Health Insurance Carrier _____

Policy # _____ Group # _____

Name of Child's Physician _____ Office Phone # (____) _____

Office Address _____

Does the child have any known allergies? _____ Yes _____ No If yes, please explain _____

Does the child have physical handicaps _____ Yes _____ No If yes, please explain _____

List any maintenance medications: _____

Do we have your permission to give your child acetaminophen (Tylenol) or Ibuprofen (Advil) if he/she has a headache?

Yes No

Medical conditions your child has: _____

List any fears, unique behavior, etc. your child may have (use additional paper if needed) _____

If neither parent is reachable, whom may we release your child to in case of illness or emergency? (for your child's protection photo ID may be asked for):

Name	Relationship	Home #	Work #	Cell #
Name	Relationship	Home #	Work #	Cell #
Name	Relationship	Home #	Work #	Cell #

IF your child will need to take prescription medication at school, you will be required to fill out a separate form for each medication. All prescription medications taken at school must have a current pharmacy label with clear instructions for use.

Preferred Hospital _____

In case of serious injury/accident or accident requiring immediate medical attention, the student will be taken to the nearest hospital

I agree that St. John's School may authorize the physician of their choice to provide emergency care in the event that neither parents nor the child's physician can be contacted immediately. I give permission to St. John's Lutheran School and its staff to administer First Aid and/or CPR if needed. I understand that multiple staff members are First Aid trained and CPR certified. I also give permission to St. John's Lutheran School and its staff to obtain medical treatment in the event of an emergency. I understand that we, the legal guardians, will be contacted immediately in the event of an emergency.

Parent Signature _____ **Date** _____ / _____ / _____

List those who your child may be released to (for your child's protection photo ID may be asked for):

Name	Relationship	Home #	Work #	Cell #
Name	Relationship	Home #	Work #	Cell #
Name	Relationship	Home #	Work #	Cell #