



ZION LUTHERAN SCHOOL  
2024 – 2025 REGISTRATION FORM  
Your child must be the appropriate age by August 1, 2024

**PLEASE PROVIDE A COPY OF YOUR CHILD’S BIRTH CERTIFICATE & IMMUNIZATION RECORDS**

I am registering my child for: PS2 PS3 PS4 K 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup>  
**(Grades K - 3 only)** My family will be applying for an SGO or School Choice Scholarship) Yes No

\_\_\_\_\_ (Child’s First Name) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last)

\_\_\_\_\_ Male \_\_\_\_\_ Female Birthdate \_\_\_\_\_ When was your child been baptized? \_\_\_\_\_

\_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Zip code \_\_\_\_\_

Student lives with: \_\_\_\_\_

If parents are divorced, custody was granted to: \_\_\_\_\_ Joint \_\_\_\_\_ Mother \_\_\_\_\_ Father

MOM Name \_\_\_\_\_ DAD Name: \_\_\_\_\_

MOM Work Phone \_\_\_\_\_ DAD Work Phone \_\_\_\_\_

MOM Employer \_\_\_\_\_ DAD Employer \_\_\_\_\_

MOM Cell Phone \_\_\_\_\_ DAD Cell Phone \_\_\_\_\_

Email Address Mom \_\_\_\_\_ Email Address Dad \_\_\_\_\_

MOM Cell Phone Carrier (needed for mass texts, etc. sent out) \_\_\_\_\_

DAD Cell Phone Carrier (needed for mass texts, etc. sent out) \_\_\_\_\_

Church Membership \_\_\_\_\_

Does student have any siblings at ZLS? Yes No If Yes, please list siblings name(s) \_\_\_\_\_

Did your child attend another school other than ZLS last year? If so, where? \_\_\_\_\_

Parent Authorizations (Please circle)

1. I authorize the school to release information about my child for further education and/or treatment. Yes No
2. I authorize the school to use pictures which include my child. Yes No
3. I agree to allow teachers or staff to apply antibiotic ointment to minor cuts and scrapes. Yes No
4. I agree to allow teachers or staff to give my child Ibuprofen if needed. Yes No
5. I give Zion Lutheran School, permission to access the Indiana State Department of Health’s Children and Hoosiers Immunization Registry Program (CHIRP). Yes No

Emergency Information

Does your child have any Allergies? If YES, please List: \_\_\_\_\_

In case of emergency, we will contact the parents first.

Do you authorize the school to act in case of illness or injury if you cannot be reached. Yes No

If needed, may you or your spouse be contacted at work? Yes No

If we cannot reach the parents, we will then try to contact the following:

\_\_\_\_\_ Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

OVER

Name	Phone	Relationship
People Authorized to Pickup		
Name	Relationship to Child	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Mission Statement**

Nurturing & educating children to become life-long followers of Jesus

**Philosophy Statement**

Training a child in the way he should go, and when he is old he will not turn from it

**School Year Daycare Enrollment**

Daycare Enrollment for August 2024 through May 2025. Circle One      Yes    No

I plan on using the before/after school daycare services (Grades K – 2 only). Circle One    Yes    No

How many days would your child be in attendance? Circle One      1      2      3      4      5

Day's my child will be in attendance for daycare. Please Circle      M      T      W      TH      F

**Key Fob Request**

I will need (circle one)      1 Key Fob      2 Key Fobs      Currently have a Key Fob

Adult #1's Name: \_\_\_\_\_

Adult #2's Name: \_\_\_\_\_

A \$10.00 deposit will be charged for each key fob.

**\*Registration Fee must be paid for child to have "Enrolled" status.**

Office Use Only

Registration Fee \$ _____	Check number _____
Date Application Received _____	Cash _____