



ZION LUTHERAN SCHOOL
2023 – 2024 REGISTRATION FORM
Your child must be the appropriate age by August 1, 2023

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

I am registering my child for: PS2 PS3 PS4 K 1st 2nd
My family will be applying for an SGO or School Choice Scholarship (**Grades K - 2 only**) 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 _____
MOM Cell Phone Carrier _____	DAD Cell Phone Carrier _____
Email Address Mom _____	Email Address Dad _____
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

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 I 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
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Name	Phone	Relationship
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People Authorized to Pickup

Name	Relationship to Child	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of Parent/Guardian _____ Date _____

Daycare Enrollment for August 2023 through May 2024 Yes No

I plan on using the before/after school daycare services (Grades K – 2 only)	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

Office Use Only

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