Zion Lutheran School Enrollment Application

School Year 2026-27	Date of Application	_____	Name of Person Filling out the Form	_____ _____

Student Information

First Name	Middle Name	Last Name	Birth Date / Age	Last School Attended	Grade Enrolling

Please circle the following programs that apply to your family.

5 Day K - 11th grade	3 Day Bridge K - 11th grade	Home School Enrichment	PE	ART	MUSIC

Family Information	Father (Guardian)		Mother (Guardian)
First & Last Name		First & Last Name	
Home Address		Home Address	
City, State, Zip		City, State, Zip	
Phone Number		Phone Number	
Email Address		Email Address	
Employers Name / Phone Number		Employers Name / Phone Number	
Employers Address		Employers Address	
Job Title/Position		Job Title/Position	

Permission and Release

Field Trip Permission

I give permission to Zion Lutheran School for my child to be taken on field trips or excursions by van, school bus, or private motor vehicle under required supervision. Car seats and/or booster seats will be required as directed by law. Circle Yes or No

Yes No Initials:

Media Permission

I give permission to Zion Lutheran School to use images of my child for newspaper, internet, newsletters, etc. Circle Yes or No or Some Media If some media is selected, please explain . I.E. Newsletters Only, Group Only, No Website etc.

Yes No Some Media Initials:

Permission To Contact via SMS or Mass Email

Zion Lutheran School uses mass email and SMS messages to keep in close contact with parents. I wish to have both parents added to these lists. Please put the REMIND APP on your phone. If you have questions about adding yourself to REMIND, please contact the Front Office.

Yes No Initials:

Special Services

Child is on an IEP or 504 plan? Circle Yes or No. If yes, please provide a copy. ZLS Does not provide special education programs.

Yes No Initials:

Has your child ever been held back/retained or been advised to do so? Grade Level & School Name:

Yes No Initials:

Volunteer Service Hours

Family Service Hours are required. All families: 15 hours. Financial Assistance Families: 30 hours. ($10 per hour fee for uncompleted hours)

I agree to complete service hours by 5-28-2027 or pay a fee for uncompleted hours. Initials:

MEDICAL / AFTER SCHOOL CARE & EMERGENCY CONTACT FORM

Student Medical Information

Student Name	Age	Tylenol & Ibuprofen Yes / No	Other Medications	Allergies	Medical Conditions

Physician / Insurance Information

Physician	Address	Phone
Insurance Co	Policyholder Name	Policy Number

In the event our child becomes ill or sustains injury while in the care of Zion Lutheran School and the school is unable to reach us, we give our permission to Zion Lutheran School to provide emergency medical care, including taking my child to the hospital or calling an ambulance. If it is not possible to reach the physician named, consent is given to any licensed physician or dentist to perform such emergency procedures as they think the existing emergency requires. The expense of any medical treatment my child receives will be my responsibility. Zion Lutheran School will be held harmless. Medical Authorization Form must be billed out to be put in child's record when any prescription, or OTC medication (given regularly) is to be given during the school day. I understand that in the event of an emergency, every effort will be made to contact me. Copies of this authorization, when carried by Zion Lutheran School personnel, shall have the same force as the original.

Acknowledged Agreed to by: _____Signature of Parent (Guardian)

Emergency Contacts		Additional Pick up Contacts for School & ASC	
First & Last Name / Relation		First & Last Name / Relation	
Phone Number:		First & Last Name / Relation	
First & Last Name / Relation		First & Last Name/ Relation	
Phone Number:		First & Last Name / Relation	

Parents (Guardian) Statement

This application for enrollment at Zion Lutheran School is an expression of intent only, and is not binding upon the family or school. It is also understood that any offer of enrollment subsequently accepted is contingent upon the essential accuracy of the statements made in this application. Prior to enrollment, all new 1st grade through 8th grade students will be required to test. Upon admission to ZLS the total costs associated with the above named students is the responsibility of the signer of this agreement. Upon acceptance to ZLS parents agree to read and follow the policies listed in the Parent & Student Handbook and additional policies that are updated and introduced during the school year.

Signature of Parents (Guardian) _____ **Date:**_____ Edit date: 02/11/2026