

# Enrollment Form

## Good Shepherd Lutheran School



OFFICE USE ONLY			
Enrollment Fee:	_____		
Amt. Paid	Date	Check	_____
Grade:	Wait List	_____	

### General Enrollment Information

#### Student Information

Student Name \_\_\_\_\_  
Last First Middle Nickname

Mailing Address \_\_\_\_\_

Home Address \_\_\_\_\_  
*If different from Mailing Address*

Birthdate \_\_\_\_\_ Sex: M  F  Place of Birth \_\_\_\_\_

Date of Baptism \_\_\_\_\_ Church where Baptized \_\_\_\_\_

Student's Previous School \_\_\_\_\_

Ethnic Origin Black  Hispanic  Native American  Asian  White  Other \_\_\_\_\_

If student is transferring from another school, Is the Transfer Due to Disciplinary or Legal Actions Yes  No

#### Household Information

##### Father or Guardian's Name

Address \_\_\_\_\_ Phone \_\_\_\_\_

Employer \_\_\_\_\_ e-Mail \_\_\_\_\_

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

##### Mother's Name

Address \_\_\_\_\_ Phone \_\_\_\_\_

Employer \_\_\_\_\_ e-Mail \_\_\_\_\_

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

#### Additional Enrollment Information (required for Preschool, Pre-Kindergarten, & Kindergarten)

Is the student adopted: Yes  No  If yes, is he/she aware of this: Yes  No  Is the child fostered: Yes  No

Does your child speak English: Yes  No

Please explain any traumatic experience(s) including the name and his/her age: \_\_\_\_\_

Does your child sleep alone: Yes  No  Take a nap daily: Yes  No  Hours: \_\_\_\_\_

Is your child hungry at meals: Yes  No  Any food dislikes?

Is your child left-handed or right-handed: Left  Right

What is your child's favorite play activity: \_\_\_\_\_

**Home Environment**

Parents' Marital Status Married  Divorced  Separated  Widowed  Single  Mother Remarried  Father Remarried

Other family Members: List names, ages, and relationship  
\_\_\_\_\_  
\_\_\_\_\_

**Social and Emotional Development**

**Social Development**

Has your child had previous group experience: Yes  No  Where? \_\_\_\_\_

Does your child have neighbor playmates: Yes  No  How many? \_\_\_\_\_

Please list whether boy/girl and ages: \_\_\_\_\_

How well does he/she get along with other children? \_\_\_\_\_

Social behavior (select one) Shy  Friendly  Cautious  Outgoing

**Emotional Behavior**

Characteristic behavior (select all that apply)

- |                                       |  |   |                                  |  |                                |
|---------------------------------------|--|---|----------------------------------|--|--------------------------------|
| Calm <input type="checkbox"/>         | Excitable <input type="checkbox"/>       | Easily Angered <input type="checkbox"/> | Whining <input type="checkbox"/> | Crying <input type="checkbox"/>          | Happy <input type="checkbox"/> |
| Cheerful <input type="checkbox"/>     | Stubborn <input type="checkbox"/>        | Cooperative <input type="checkbox"/>    | Quiet <input type="checkbox"/>   | Independent <input type="checkbox"/>     |                                |
| Fights Often <input type="checkbox"/> | Gives in Easily <input type="checkbox"/> | Wants Own Way <input type="checkbox"/>  | Active <input type="checkbox"/>  | Temper Tantrums <input type="checkbox"/> |                                |

Fears: \_\_\_\_\_

What behavior do you consider the most difficult to deal with? \_\_\_\_\_  
\_\_\_\_\_

Types of home discipline by:

Father/Guardian \_\_\_\_\_

Mother \_\_\_\_\_

**Additional Notes and Information:**  
\_\_\_\_\_  
\_\_\_\_\_

**Authority**

**By enrolling my child, I give consent and hereby agree:**

- To have my child taken to a physician if I cannot be contacted and a decision is made that such action is warranted, and that I will be financially liable for the same.
- To have the staff administer first aid as needed.
- To have my child participate in the activities of the school programs and course of study.
- To have my child's picture taken while involved in a school activity. Pictures are at times used for publicity purposes.

We do not use your child's picture online while attending school