



320 Bates Ave.
Winter Haven, FL. 33880
863-299-9186
www.school.glwh.org

Enrollment Form

Preschool 2 year Old through Pre-Kindergarten 4 year Old Parents:

Enrollment Date: _____

Which grade is your child enrolling in?

PS2 Year Old AM Tuition (7:50-11:30) _____ 3 Days, M T W TH F _____ 5 Days
PS3 Year Old AM Tuition (7:50-11:45) _____ 3 Days, M T W TH F _____ 5 Days
PK4 Year Old AM Tuition (7:50-12:00) _____ 3 Days, M T W TH F _____ 5 Days

Kindergarten through 8th Grade Parents:

Please circle which grade your child will be enrolling in? K 1 2 3 4 5 6 7 8

Will your child be using aftercare? If so, which days (please circle)? M T W TH F

Student Profile

Child's Name: _____ Date of Birth: _____

Social Sec. Number: _____ Gender: M / F Birth Place: _____

Citizenship: _____

Ethnicity: (Please circle one) American Indian Asian Black Hispanic Caucasian Other: _____

Family Information

Father's Name: _____ **Social Sec. Number:** _____

Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

Employer: _____

Employer's Address: _____
Street City State Zip

Mother's Name: _____ **Social Sec. Number:** _____

Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

Employer: _____

Employer's Address: _____
Street City State Zip

Responsible Party Information (Please indicate the individual to contact concerning financial matters)

Name: _____ Phone Number: _____

Address: _____
Street City State Zip

Check all that apply:

Child is adopted: ____ Yes ____ No (Does the child know of the adoption: ____ Yes ____ No)
Divorced (Whom does the child live with? ____ Mom ____ Dad ____ Both)
Father is Deceased : ____ (Year? ____) Mother is Deceased: ____ (Year? ____)
Child is Baptized: ____ Yes ____ No
Child attends Church: ____ Yes ____ No
Child attends Sunday School: ____ Yes ____ No

Authorized Pickup and/or Emergency Contact

Name: _____ Phone: _____ Relationship: _____
Please Circle One: Emergency Contact Pick Up Only Both
Name: _____ Phone: _____ Relationship: _____
Please Circle One: Emergency Contact Pick Up Only Both
Name: _____ Phone: _____ Relationship: _____
Please Circle One: Emergency Contact Pick Up Only Both

Medical Information

Does your child have allergies? _____
Is your child on specific medication? _____
Does your child have any special hearing, visual, motor, or other type of physiological or psychological difficulty of which we should be aware to most effectively educate your child? _____
Is there any specific difficulty your child is experiencing at school? _____

Church Information

Family Church Affiliation/Denomination: _____ Home Church: _____
Address: _____
Phone: _____ Pastor/Priest Name: _____
Are you interested in: ____ Learning more about the Lutheran Church? ____ A call by a pastor? ____ Having a child baptized?
__ Having a child register for the 7th or 8th grade confirmation class?

Educational Information

Last School Attended: _____ How Long? _____ Principal: _____
Reasons for leaving: _____
How did you hear about Grace Lutheran? _____

Briefly state your reasons for why you want your child to attend Grace Lutheran School: _____

Check here if you DO NOT want your information listed in the GLS directory.

We the undersigned, do hereby certify this information to be complete and factual.
Grace Lutheran School is a place of loving and respectful words and actions, striving to reflect the love of Christ to others. I also understand that I am expected to read the center handbook, abide by the policies, and communicate with the administration any concerns that may arise.

Father/Guardian Signature Mother/Guardian Signature

Date: Date: