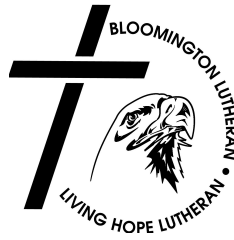


Bloomington Lutheran School

10600 Bloomington Ferry Road • Bloomington, MN 55438
(952) 941-9047 • Fax (952) 941-1242 • www.blhschool.org

Living Hope Lutheran School

8600 Horizon Drive South • Shakopee, MN 55379
(952) 445-1785 • Fax (952) 445-1822 • www.blhschool.org



| |
|--------------------------------|
| For Office Use Only |
| Registration Fee Check # _____ |
| Dated ____/____/____ |
| Letter sent ____/____/____ |

KINDERGARTEN – GRADE 8 APPLICATION

For School Year: 20____ - 20____ Your local School District # _____ Today's Date ____/____/____

Grade Child Will Enter (circle one): Kindergarten ½ day Kindergarten Full day 1 2 3 4 5 6 7 8

Kindergarten through 4th grade (choose school location): Bloomington Lutheran School Living Hope Lutheran School

Legal Name of Student _____ Is student a U.S. citizen? ___ Yes ___ No
(First, Middle, Last)

Address _____
(Street) (City) (Zip Code)

Phone (H) _____ Birthdate _____ Age _____ Gender _____

Child's Ethnic Origin: African American Asian Caucasian Hispanic Native American Other _____

May we release the phone number and address listed under the student for the following reasons?

Car Pool requests: ___ Yes ___ No Volunteer Classroom leaders: ___ Yes ___ No Student Directory: ___ Yes ___ No

Please list all other siblings in the home:

Name _____ Relationship to student _____ Age _____

Name _____ Relationship to student _____ Age _____

Name _____ Relationship to student _____ Age _____

Father's/Legal Guardian's Name _____ Living in same home as student? ___ Yes ___ No

Address _____
(Street) (City) (Zip Code)

Employer _____ Position _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address _____ May we release email address to other parents? ___ Yes ___ No

Mother's/Legal Guardian's Name _____ Living in same home as student? ___ Yes ___ No

Address _____
(Street) (City) (Zip Code)

Employer _____ Position _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address _____ May we release email address to other parents? ___ Yes ___ No

Marital Status: ___ Married ___ Divorced ___ Separated ___ Single

Who has legal custody of the student? ___ Father ___ Mother ___ Both ___ Other _____

If divorced or separated, is there a specific court ordered pick up schedule for your child? ___ Yes ___ No

(Without the court order we will allow each parent and/or their emergency designees to pick up the child on any school day)

Non-custodial Parent's Name _____

Should non-custodial parent receive mailings from school? ___ yes, emails ___ yes, mail to home ___ NO mailings

Address _____
(Street) (City) (Zip Code)

Email Address _____

~ PLEASE FILL OUT OTHER SIDE ALSO ~

CHURCH AFFILIATION:

_____ Member of Bloomington Living Hope Lutheran Church

_____ Member of Faith Lutheran Church - Excelsior

_____ Member of Christ Lutheran Church - Eden Prairie

_____ Member of Faith Lutheran Church - Prior Lake

If none of the above, please fill in below:

_____ Member of Mt. Olive Lutheran Church – Shakopee

Name of Church _____

Pastor’s Name _____

City _____

Denomination _____

Has your child been baptized? Yes _____ No _____

BELOW TO BE FILLED OUT ONLY IF CHILD HAS NOT PREVIOUSLY ATTENDED BLOOMINGTON LIVING HOPE LUTHERAN SCHOOL:

Name of last school attended _____ Phone _____

Address _____ City _____ State _____ Zip Code _____

I give my permission for Bloomington Living Hope Lutheran School to contact my child’s current and former school to obtain verbal and/or written appraisals of my child’s previous educational process. I understand that this information will be used solely for the purpose of determining placement at BLH.

Reason for enrolling my child at Bloomington Living Hope Lutheran School:

If your Grade 1 - 8 child is not a member of Bloomington Living Hope Lutheran Church and has not previously enrolled at Bloomington Living Hope Lutheran School, please submit with application, a statement of child’s character by clergyman, school principal or other responsible party.

TUITION NOTICE:

As the person responsible for expenses, I hereby understand and agree that no grades or transcripts for the above-named student will be released by the school until all financial obligations to the school have been met.

Payment Source: ___ Cash or Check ___ Automatic Withdrawal from Checking or Savings acct ___ Credit or Debit card

Please attach/include the \$155.00 non-refundable Registration Fee.

INVITATION TO VOLUNTEER:

All adults are invited to volunteer at our school, for field trips, sporting events, etc. By acceptance of this invitation, you are certifying you have not been personally involved in any incidents of child molestation, child abuse, sexual misconduct, exploitation or harassment in this or any other state in the past. If you have been involved in such an incident, please discuss the circumstances surrounding it with the pastor or the principal prior to your term of service.

A background check using <http://www.bca.state.mn.us/bca.asp> will be conducted per [Minnesota Statute Section 13.87, subdivision 3(f)].

Child’s Father’s Legal Name _____ Birth-date ___/___/___

Child’s Mother’s Legal Name _____ Birth-date ___/___/___

Additional Volunteer’s Legal Name _____ Birth-date ___/___/___

USE OF STUDENT PHOTOGRAPHS:

We occasionally use photographs of students in printed materials to promote our school. Due to potential legal liability involving unauthorized transmission of pictures and other general individual information concerning BLH students, notice is hereby given to all parents/guardians and students that such publication is possible.

I give Bloomington Living Hope Lutheran School permission to use my child’s photograph in or on:

- ___ Yes ___ No Website www.blhschool.org
- ___ Yes ___ No Yearbook (traditionally includes at least 2 pictures of every student enrolled at BLH)
- ___ Yes ___ No Promotional Materials and Other Items
- ___ Yes ___ No School Facebook Page

RIDING OUR SCHOOL BUS BETWEEN LOCATIONS, BLOOMINGTON LUTHERAN SCHOOL & LIVING HOPE LUTHERAN SCHOOL:

We have found it sometimes necessary to bus students back and forth between our campuses for classes, assemblies, rehearsals and the like.

___ Yes ___ No My child has my permission to travel on our school bus between campuses when necessary.

(All parties having legal custody of the child must sign.)

Signature parent/legal guardian _____ Date ___/___/___

Signature parent/legal guardian _____ Date ___/___/___