



# Calvary Lutheran School

6111 Shelby St. | Indianapolis, IN 46227 | (317)783-2305  
Application for Enrollment K ~ 8<sup>th</sup> Grades

A non-refundable  
Registration fee of \$100.00  
per child is required at the  
time of application.

Date of Application \_\_\_\_\_ School Year \_\_\_\_\_

CALVARY LUTHERAN

Grade applying for:  Kindergarten  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  5<sup>th</sup>  6<sup>th</sup>  7<sup>th</sup>  8<sup>th</sup>

### Student and Family Information

Student's Full Legal Name \_\_\_\_\_

Last First Middle

First name child will go by in class (if different from above): \_\_\_\_\_ Referred by? \_\_\_\_\_

Gender  Male  Female Age \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Race \_\_\_\_\_  
(Month/Day/Year)

School district \_\_\_\_\_ Local school \_\_\_\_\_

Last school attended \_\_\_\_\_ Phone \_\_\_\_\_

List any IEP's/ISP's/504's or Resource needs \_\_\_\_\_

**Father/Stepfather/Guardian** Last Name \_\_\_\_\_ First \_\_\_\_\_ Address \_\_\_\_\_  
(Please Circle One)

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_ Work Phone \_\_\_\_\_

E-Mail \_\_\_\_\_ **Financial Responsibility** -Yes/No (circle one) **Report Card**-Yes/No (circle one)

**Mother/Stepmother/Guardian** Last Name \_\_\_\_\_ First \_\_\_\_\_ Address \_\_\_\_\_  
(Please Circle One)

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_ Work Phone \_\_\_\_\_

E-Mail \_\_\_\_\_ **Financial Responsibility**-Yes/No (circle one) **Report Card**-Yes/No (circle one)

Who does student reside with? \_\_\_\_\_ Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Grandparents \_\_\_\_\_ Guardian

Who has physical custody of the child? \_\_\_\_\_

Parents Martial Status \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ Single \_\_\_\_\_ Remarried

Other siblings in home (name and age) \_\_\_\_\_

**Please Note: The school office needs to be notified in writing about restrictions regarding who may NOT take the student from the school premises.**

### Church Affiliation

Name of church attending \_\_\_\_\_ Member \_\_\_\_\_ Visitor \_\_\_\_\_ No Home Church \_\_\_\_\_

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

Student has been baptized? Yes/No \_\_\_\_\_ Baptism Date \_\_\_\_\_  
(Month, Day, Year)

### Please include the following documentation with this application:

- Copy of Previous Report Card
- Attendance Records
- ISTEP Scores
- IREAD3 Score (if entering 4<sup>th</sup> grade)
- Copy of Birth Certificate
- Copy of Immunization Records
- Please check if interested in the Voucher program
- Please check if interested in Extended Care
- Kindergarten-readiness evaluation (Gesell \$30)

Calvary accepts students of any race, color, nationality, disability, and ethnic origin with all rights, privileges, programs, and activities generally accorded or made available to students of the school. It does not discriminate on the basis of race, color, nationality, disability, or ethnic origin in administration of educational policies, admission policies, athletic, and other school administered programs.

## Calvary Lutheran School Student Health/Emergency Form

<p><b><u>Medical History:</u></b> Please check all conditions that apply to your child.</p> <input type="checkbox"/> Allergies to Medication _____ <input type="checkbox"/> Allergies (Other) _____ <input type="checkbox"/> Asthma <input type="checkbox"/> ADD <input type="checkbox"/> ADHD <input type="checkbox"/> Diabetes <input type="checkbox"/> Emotional Problems <input type="checkbox"/> Epilepsy/Convulsions <input type="checkbox"/> Frequent Headaches <input type="checkbox"/> Frequent Stomach Aches <input type="checkbox"/> Frequent Nosebleeds <input type="checkbox"/> Glasses/Contacts <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Nervousness <input type="checkbox"/> Physical Disability <input type="checkbox"/> Sinus Problem <input type="checkbox"/> Other (Please Specify) _____	<p><b>Medications:</b> Please check which medication you prefer. All medications will be given as directed on the bottle.</p> <p>Ibuprofen Children's <b>Chewable</b> 100 mg tablet _____</p> <p>Ibuprofen 200 mg tablet _____</p> <p>Tylenol Children's <b>Chewable</b> 160 mg tablet _____</p> <p>Tylenol 325 mg tablet _____ or 500 mg tablet _____</p> <p style="text-align: center;"><u>OTHER MEDICATION (SUPPLIED BY PARENT)</u></p> <p>Medication: _____ / _____</p> <p>Medication: _____ / _____</p> <p>1. List all medications your child is taking: _____</p> <p>2. Does your child have needs or problems that require special instructions for the school? (e.g. in PE classes, athletic events, Food Service etc.) _____</p>
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**Medical Insurance:** All students attending Calvary Lutheran School are recommended to have adequate medical insurance coverage. The school office does not assume responsibility for such coverage. Providing the insurance company and policy number is optional, but will expedite medical treatment in an emergency.

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**Medical Treatment:** If your child should become ill while in school, the school will contact the parent/guardian (or one of the alternates provided). In an emergency situation, the school may call an ambulance and your child will be treated or transported to a hospital.

Physician Name: \_\_\_\_\_ Phone \_\_\_\_\_ Preferred Hospital: \_\_\_\_\_ Phone \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Phone \_\_\_\_\_

**Emergency Contacts** *(Other than listed above)*

Name \_\_\_\_\_ Phone \_\_\_\_\_ (home or cell) Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ (home or cell) Relationship \_\_\_\_\_

**Medical Release:** I do hereby give my permission and/or consent to the personnel of Calvary Lutheran School, 6111 Shelby St. Indianapolis, Indiana 46227, to secure and authorize such emergency medical care and/or treatment as my child(ren) might require while under the supervision of said CLS personnel. I also agree to pay all costs and fees contingent on any emergency medical care and/or treatment for my child(ren) as secured or authorized under this consent. I understand that this consent will apply to all emergency situations present and future, and that a copy of this form is as valid as the original. This consent is to remain in effect until written revocation is received. The information on this form is correct.

\*Note: Any new incoming 6<sup>th</sup>, 7<sup>th</sup> & 8<sup>th</sup> grade student please see the DC. Trip price breakdown

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_