Bloomington Lutheran School

**For Office Use Only**

Registration Fee Check #\_\_\_\_\_\_\_\_\_

Dated \_\_\_\_/\_\_\_\_/\_\_\_\_

Letter sent \_\_\_\_/\_\_\_\_/\_\_\_\_

10600 Bloomington Ferry Road • Bloomington, MN 55438

(952) 941-9047 • Fax (952) 941-1242 • [www.bllhschool.org](http://www.bllhschool.org)

Living Hope Lutheran School

8600 Horizon Drive South • Shakopee, MN 55379

(952) 445-1785 • Fax (952) 445-1822 • [www.bllhschool.org](http://www.bllhschool.org)

KINDERGARTEN – GRADE 8 APPLICATION

Today’s Date \_\_/\_\_/\_\_\_\_ Application for School Year: Choose an item.

Grade Child Will Enter: Choose an item.

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

**FATHER OR LEGAL GUARDIAN’S INFORMATION:**

Name**:** Click here to enter text.

Address: if different from student: Click here to enter text.

Employer: Click here to enter text. Position: Click here to enter text.

Home Phone: \_\_\_-\_\_\_-\_\_\_\_ Cell Phone: \_\_\_-\_\_\_-\_\_\_\_ May we text you?  Yes  No Work Phone: \_\_\_-\_\_\_-\_\_\_\_

Email Address: Click here to enter text. May we release the email address to other parents?  Yes  No

**MOTHER OR LEGAL GUARDIAN’S INFORMATION:**

Name: Click here to enter text.

Address if different from student: Click here to enter text.

Employer: Click here to enter text. Position: Click here to enter text.

Home Phone: \_\_\_-\_\_\_-\_\_\_\_ Cell Phone: \_\_\_-\_\_\_-\_\_\_\_ May we text you?  Yes  No Work Phone: \_\_\_-\_\_\_-\_\_\_\_

Email Address: Click here to enter text. May we release the email address to other parents?  Yes  No

**CHILD’S INFORMATION:**

First Name: Click here to enter text. Middle Name: Click here to enter text. Last Name: Click here to enter text.

Nick Name: Click here to enter text. Gender: Male Female Date of Birth: Click here to enter text.

Address: Click here to enter text.

Home Phone: \_\_\_-\_\_\_-\_\_\_\_

Who has legal custody of the student? Choose an item. If other, please explain Click here to enter text.

**Please list all other siblings in the home:**

Name: Click here to enter text. Relationship to student: Choose an item. Age: Click here to enter text.

Name: Click here to enter text. Relationship to student: Choose an item. Age: Click here to enter text.

Name: Click here to enter text. Relationship to student: Choose an item. Age: Click here to enter text.

**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

Church Name: Click here to enter text. City: Click here to enter text.

Denomination: Click here to enter text. Pastor’s Name: Click here to enter text.

Has your child been baptized?  Yes  No

**STUDENT ETHNICITY CODE:** African American  Asian Caucasian Hispanic Native American other

If other, please explain: Click here to enter text.

Is student a U.S. citizen? Yes  No

Parent’s Marital Status: Married Divorced Separated Single Widowed

**Non-Custodial Parent’s Name:** Click here to enter text.

Should non-custodial parent receive mailings from school?  Emails  Mail to Home  NO mailings

Address if different from student: Click here to enter text.

Email Address: Click here to enter text.

**ADDITIONAL INFO:**

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

Car Pool Requests Yes  No Parent Volunteers Yes  No School Directory Yes  No

**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.**

Is Father Living in same home as student?  Yes  No

Is Mother Living in same home as student?  Yes  No

Your local Public School District #: Click here to enter text.

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

**EMERGENCY CONTACTS:**

**List 2 persons that are authorized to remove your child from school or be called in case of an emergency, if parents cannot be reached.**

Contact 1 Name: Click here to enter text.

Relationship: Click here to enter text.

Home Phone: Click here to enter text.

Work Phone: Click here to enter text.

Cell Phone: Click here to enter text.

Contact 2 Name: Click here to enter text.

Relationship: Click here to enter text.

Home Phone: Click here to enter text.

Work Phone: Click here to enter text.

Cell Phone: Click here to enter text.

**STUDENT INSURANCE INFORMATION:**

Medical Insurance Provider: Click here to enter text.

Policy #: Click here to enter text.

Group #: Click here to enter text.

Clinic/Doctor: Click here to enter text.

Doctor Phone # : Click here to enter text.

Dentist’s Name: Click here to enter text.

Dentist’s Phone #: Click here to enter text.

**MEDICAL INFORMATION:**

Does your child have any of the following allergies? Food Allergies Medicine Allergies Insect Allergies (bees, wasps, etc.) Seasonal Allergies (pollen, grass, etc.) Other Allergies

If Food Allergies, what foods: Click here to enter text.

If Medicine Allergies, what medicines: Click here to enter text.

If Other Allergies, please explain: Click here to enter text.

Are your child’s allergies severe enough to require an Epi-pen?  Yes  No

Does your child have any of the following? Asthma or respiratory condition digestive condition diabetes hypoglycemia heart problems hemophilia seizures hearing problems vision problems physical disability other

If other, please explain Click here to enter text.

Does your child use an inhaler?  Yes  No carry inhaler in backpack leave inhaler in health office or school office

List all medical conditions for which your child receives regular care: Click here to enter text.

List all medications and dosages your child receives on a regular basis Click here to enter text.

***Any prescription or non-prescription medications will only be distributed to students if an approved consent form is filled out in advance. Please check with the school nurse for more details.***

**The school has my permission, in a medical emergency, to take my child to the emergency room of the nearest hospital and its medical staff has my permission to provide treatment which a physician deems necessary for the well-being of my child.**

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

Signature parent/legal guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

Signature parent/legal guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

**USE OF 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.bllhschool.org](http://www.bllhschool.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

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

Name of last school attended: Click here to enter text. Phone: \_\_\_-\_\_\_-\_\_\_\_

Address: Click here to enter text.

Yes  No 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: Click here to enter text.

**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.**

**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 Click here to enter text. Birthdate \_\_/\_\_/\_\_\_\_

Child’s Mother’s Legal Name Click here to enter text. Birthdate \_\_/\_\_/\_\_\_\_

Additional Volunteers Legal Name Click here to enter text. Birthdate \_\_/\_\_/\_\_\_\_