



Bloomington Lutheran School  
 10600 Bloomington Ferry Road  
 Bloomington, MN 55438  
 Phone: (952) 941-9047  
 Email: bls@bllh.org  
 www.bllhschool.org

Living Hope Lutheran School  
 8600 Horizon Drive  
 Shakopee, MN 55379  
 Phone: (952) 445-1785  
 Email: lh@llh.org  
 www.bllhschool.org

For Office Use Only
Check # _____
Date _____
Total \$ _____

**KINDERGARTEN - GRADE 8 APPLICATION**

Kindergarten through 4<sup>th</sup> grade, please indicate your preference:

FOR SCHOOL YEAR: 20\_\_\_\_ - 20\_\_\_\_  
 Residing School Dist # \_\_\_\_\_  
 Bloomington Lutheran School (BLS) \_\_\_\_ (Kdg ½ day \_\_\_\_ full day \_\_\_\_)  
 Living Hope Lutheran School (LHLS) \_\_\_\_ (Kdg ½ day \_\_\_\_ full day \_\_\_\_)

Child's First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
 Grade Child Will Enter \_\_\_\_\_ Birth Date \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
 Child's Ethnic Origin: \_\_\_\_ African American \_\_\_\_ Asian \_\_\_\_ Caucasian \_\_\_\_ Hispanic \_\_\_\_ Native American \_\_\_\_ Other  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Home Phone # (\_\_\_\_) \_\_\_\_\_

Family Status: \_\_\_\_ Married \_\_\_\_ Divorced \_\_\_\_ Step Parent \_\_\_\_ Widowed \_\_\_\_ Single Parent  
**Father's Name** \_\_\_\_\_ Occupation \_\_\_\_\_  
 Place of Employment \_\_\_\_\_ Business # (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_  
 Cell # (\_\_\_\_) \_\_\_\_\_ Father's Address if different from above \_\_\_\_\_  
 Active E-Mail Address (for school correspondence only) \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ Occupation \_\_\_\_\_  
 Place of Employment \_\_\_\_\_ Business # (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_  
 Cell # (\_\_\_\_) \_\_\_\_\_ Mother's Address if different from above \_\_\_\_\_  
 Active E-Mail Address (for school correspondence only) \_\_\_\_\_

**Non-Custodial Parent's Name** \_\_\_\_\_  
 Should non-custodial parent receive mailings from school? \_\_\_\_ yes, emails \_\_\_\_ yes, mail to home \_\_\_\_ NO mailings  
 Active E-Mail Address (for school correspondence only) \_\_\_\_\_  
 Mailing Address \_\_\_\_\_

Siblings and their Ages: \_\_\_\_\_

**IN AN EMERGENCY: List contacts who would care for this child in case a parent or guardian cannot be reached.**  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

**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.

Signed \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Please attach/include the \$145.00 non-refundable Registration Fee.

**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

\_\_\_\_\_ Member of Mt. Olive Lutheran Church - Shakopee

If none of the above, please fill in below:

Name of Church \_\_\_\_\_

Pastor \_\_\_\_\_

Denomination \_\_\_\_\_

City \_\_\_\_\_

Baptized? Yes \_\_\_\_\_ No \_\_\_\_\_

**Medical Information:**

Medical Insurance Provider \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Clinic/Doctor \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_

Dentist \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_

**ALL prescription and non-prescription medications to be given at school REQUIRE an order from your health provider.**

Allergies: (List ALL allergies. Examples: bee stings, food, medication, latex, pollen, etc.)

Medical Conditions: (Examples: asthma, ADD/ADHD, diabetes, seizures, surgeries, chronic conditions, etc.)

Current Medications: (List ALL medications your child is on, and star (\*) the ones given at school.)

**In case of an accident or illness, permission is hereby given to treat this student as required. We accept the responsibility for all costs thus incurred, and waive any claim against the school, its staff or chaperones for any and all causes, which may arise in connection with the above.**

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Below to be filled out only if child HAS NOT previously attended Bloomington Living Hope Lutheran School:**

School Transferring From: \_\_\_\_\_ Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Reason for enrolling child at Bloomington Living Hope Lutheran School:

\_\_\_\_\_  
\_\_\_\_\_

**If 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.**

**How did you hear about Bloomington Living Hope Lutheran School?**

\_\_\_ Internet

\_\_\_ Drive by the school

\_\_\_ Newspaper advertisement

\_\_\_ Live in the neighborhood

\_\_\_ Friend, if so, please let us know who they are \_\_\_\_\_

\_\_\_ Other, please explain \_\_\_\_\_