

Date: \_\_\_\_\_

Grade Applying For: \_\_\_\_\_

Referred By: \_\_\_\_\_

Acceptance Date: \_\_\_\_\_



# GLORIA DEI ACADEMY

Enrollment Application 2017-2018

## Business Office Use Only:

- ☐ App. Fee      ☐ Testing Complete  
☐ Reg. Fee      ☐ Copy of BC  
☐ Instruct. Fee      ☐ Health Forms

Teacher Assigned: \_\_\_\_\_

☐ Half Day      ☐ Full Day

Starting Date: \_\_\_\_\_

Data Entry Date: \_\_\_\_\_

## Student Information

Student's Legal Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City Zip

Home Phone: \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security # \_\_\_\_\_ (Please attach copy of card.)

Native Country: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Race: (Please check ONE) Native American ☐ Asian ☐ Black ☐ Hispanic ☐ White ☐ Bi-Racial ☐ Other ☐

How did you hear about Gloria Dei Lutheran Academy? \_\_\_\_\_

## Family Information

Father/Guardian Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address (if other than student's) \_\_\_\_\_ Home Phone: \_\_\_\_\_

Social Security # \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Mother/Guardian Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address (if other than student's) \_\_\_\_\_ Home Phone: \_\_\_\_\_

Social Security # \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Family/Martial Relationships:

Parents: Are Married \_\_\_\_\_ Are Separated \_\_\_\_\_ Are Legally Divorced \_\_\_\_\_ (Year \_\_\_\_\_) Were Never Married \_\_\_\_\_

Deceased: (Father) Date: \_\_\_\_\_ (Mother) Date: \_\_\_\_\_

If parents are divorced or separated, who has primary custody of child? \_\_\_\_\_

Is either parent forbidden by court order from having equal access to the child or the school records? Yes \_\_\_\_\_ No \_\_\_\_\_

Other children currently living in the home (please list names and dates of birth): \_\_\_\_\_

Has any member of your family attended Gloria Dei Lutheran Academy in the past? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, why did he/she leave? \_\_\_\_\_

## Academic/School History

School presently attending or last attended: \_\_\_\_\_ Phone # \_\_\_\_\_

Address:

Street

City

Zip

Reason for changing schools: \_\_\_\_\_

Has your child ever repeated a grade? No \_\_\_\_ Yes \_\_\_\_ If yes, state grade and date: \_\_\_\_\_

Has your child ever been tested for or enrolled in a special program? (gifted, learning disabled, special needs)

No \_\_\_\_ Yes \_\_\_\_ If yes, please give details:

---

---

---

---

## Medical

Is there any information you can share with us that will help in meeting your child's particular needs? \_\_\_\_\_

---

---

Student has difficulty in: \_\_ Speech \_\_ Vision \_\_ Hearing \_\_ ADD \_\_ ADHD \_\_ other \_\_\_\_\_

Please list any environmental, food, or drug allergies: \_\_\_\_\_

Please list medication taken on a regular basis and the dosage given: \_\_\_\_\_

Emergency contact information (other than parents):

| Name | Relationship to Child | Home # | Cell # | Work # |
|------|-----------------------|--------|--------|--------|
| Name | Relationship to Child | Home # | Cell # | Work # |
| Name | Relationship to Child | Home # | Cell # | Work # |
| Name | Relationship to Child | Home # | Cell # | Work # |

## Spiritual

Family Church Affiliation - Denomination: \_\_\_\_\_ Home Church \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Are you interested in:

\_\_\_\_ Learning more about the Lutheran Church?  
\_\_\_\_ Speaking with a Pastor?

\_\_\_\_ Having a child baptized?

Do you desire your child to receive training according to the principles and doctrine outlined in our Philosophy of Education and Statement of Faith, and will you support the school in its endeavors to encourage and to guide your child in applying these doctrines to life? \_\_\_\_ Yes \_\_\_\_ No

## Parent / Guardian Contract 2017-2018

My signature below indicates that I have read, understand and agree with the Parent Contract.

In making application for my child to attend Gloria Dei Lutheran Academy:

- I agree to support the standards of the school in every area of its philosophy and policies including academic, behavioral, spiritual, dress, moral, and disciplinary and to maintain the basic principles of Biblical morality in my home.
- I agree to cooperate fully with the teachers and administration of Gloria Dei Lutheran Academy and understand that failure to do so may result in my child's severance from the school.
- I agree to assume the responsibility for my child's education by supervising homework, being an encourager, and keeping in regular contact with my child's teachers.
- I agree to support the school to the best of my ability through prayer, time and participation in the various school activities.
- In the event my child becomes ill or is injured while under school supervision, I give my consent for the school authorities to take the following steps:
  - Contact a parent of the child and follow the instructions given.
  - Contact the child's physician and/or emergency medical personnel and follow instructions given.
- If, in the opinion of a properly licensed and practicing physician, my child needs medical or surgical services which require my consent before being supplied, and I cannot be reached, I hereby authorize, appoint and empower the school administration or their designee, to furnish on my behalf such written or oral authorization as may be so required. Further, I release the school administration or their designee, Gloria Dei Lutheran Academy and Gloria Dei Lutheran Church from any liability which might arise from the giving of such authorization, it being my desire that my child be furnished with such medical and surgical services as soon as reasonably possible after the need arises.
- In further consideration for the enrollment of my child, I, individually, and on behalf of my child, hereby release, indemnify and hold harmless Gloria Dei Lutheran Academy and its agents and employees, from any and all actions and claims for personal injury or damages of any kind resulting from the transportation of Gloria Dei Lutheran Academy students by myself or in vehicles owned or leased by me, or from the transportation of my own child to school events and functions in vehicles neither owned nor leased by Gloria Dei Lutheran Academy or Gloria Dei Lutheran Church, whether caused in whole or in part by the negligence of the operator of any such vehicle.
- In further consideration for the enrollment of my child, I, individually, and on behalf of my child, hereby agree to submit to binding Christian arbitration any matters which cannot otherwise be resolved; and expressly waive any and all right in law and equity to bringing any civil disagreement before a court of law, except that judgment upon the award rendered by the arbitrator may be entered in any court having jurisdiction thereof.
- \_\_\_\_  
initial • I understand that once the parent contract has been signed and the enrollment fee paid, I am responsible to pay in full any outstanding balance even if I voluntarily withdraw my child or my child is dismissed from the school. Records will not be forwarded to another school until all financial obligations have been satisfied. Any cost associated with the collection of tuition and fees, including reasonable attorney fees, will be paid by the responsible parties.
- Gloria Dei Lutheran Academy reserves the right to refuse any application, or dismiss any child at any time, for unacceptable work or conduct, or any other reason it deems necessary. Neither this application nor payment of fees is considered to be binding upon Gloria Dei Lutheran Academy.
- \_\_\_\_  
initial • We (I) are obligated to contribute 15 P.A.C.E. hours per family for the 2017-2018 school year, or pay \$25.00 per hour for any hours not completed.
- \_\_\_\_  
initial • I understand the application, registration and instructional fees are non-refundable and non-transferable.

Name of Student \_\_\_\_\_ Grade \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_  
(Parent/Guardian—Person Responsible for Payment)

Date \_\_\_\_\_ Signature \_\_\_\_\_  
(Parent/Guardian—Person Responsible for Payment)

Emergency Medical Contact  
2017-2018



Child's Name: \_\_\_\_\_

According to HRS Ordinance every school must obtain written instruction from the parents of each child for emergency medical treatment. A "Medical Alert" must be noted for all medical conditions and allergies that the school personnel should be aware of concerning your child.

Please read the following items carefully **and initial each item**:

1. I hereby authorize Gloria Dei Lutheran Academy to seek emergency medical treatment for my child.

\_\_\_\_\_

2. I hereby authorize the health care facility or physician to provide medical treatment as necessary.

\_\_\_\_\_

3. I hereby assume responsibility for any payment for emergency services rendered.

\_\_\_\_\_

4. Please list any allergies that you are aware of that your child may have:

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

5. Please list any significant medical conditions, current or chronic:

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

Name of Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_ Policy #: \_\_\_\_\_

Hospitals included in your plan:

\_\_\_\_\_

I am aware that it may be necessary to take my child to the nearest hospital. I realize that in case of a 9-1-1-call, I am responsible for any costs incurred. I have read the items above and agree to the arrangements outlined.

Name of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE PRINT

Signature of Parent or Guardian: \_\_\_\_\_



# GLORIA DEI ACADEMY

## Persons Authorized to Remove Child From School Property 2017-2018

Please list below all parties authorized to pick up your child from school property. Only those authorized by you **in writing** will be permitted to remove your child. You may make this list as broad as you are comfortable with - such as "any third grade parent", etc.

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Father: ☐ Mother: ☐

Other: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Other: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Other: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Other: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Other: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Other: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Other: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Other: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

There may be occasions when someone other than those listed above will need to pick up your child.

**You must provide the name in writing or we have the right to not release your child to that adult.**

The identification of the person will be confirmed at the time of pick up.

This is a security measure to assist in assuring your child's safety.

For the safety of your child, we require each school family to provide a password/number.

Your password or number will be: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



**GLORIA DEI**  
ACADEMY

**Tuition Payment Preference Form**  
2017-2018

Responsible Party Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Student(s) Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student(s) Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student(s) Name: \_\_\_\_\_ Grade: \_\_\_\_\_

For the 2017-2018 School year I will pay my student's tuition by the payment option checked below:

**For Returning Families Only:**

- ☐ **Renewal** **Continue the FACTS account from the previous school year.**  
No changes are needed to the day of payment or bank information.

- ☐ **Option 1. Full year's tuition payment** made directly to Gloria Dei Lutheran Academy.
- ☐ **Option 2. Monthly payments through FACTS.** Parents elect to pay tuition by automatic bank payment on either the 5<sup>th</sup> or the 20<sup>th</sup> of each month through FACTS Payment Plan.
- ☐ **Option 3. Credit Card payments.** Parents may pay monthly using American Express, Discover, Master Card, or Visa on the 20<sup>th</sup> of each month. There will be a service fee charged for each payment.

Responsible Party Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Responsible Party Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please check your payment option and return this form with your application.