

Name of Student _____

Grade for 2017-2018 _____

HOPE LUTHERAN SCHOOL
APPLICATION 2017-2018
ELEMENTARY AND MIDDLE SCHOOL
KINDERGARTEN – 8TH GRADE



Office Use Only: CM? _____

B? _____ TS? _____ PFP? _____

STUDENT *To be completed by parents of applicant*

Applying for Grade _____

Name (Full Name of Applicant) : _____ Preferred nickname: _____
First MI Last

Date of Birth: _____ Social Security #: _____ Sex: Male Female

Ethnicity: Caucasian Asian African-American Hispanic Other _____

Student Home Mailing Address _____ City _____ ST _____ ZIP _____

Child lives with what family members:

Name	Relationship	Age (if child)

How did you hear about Hope? _____

Does child attend Hope Lutheran Church? Yes No

If no, please list name and address of church where child attends:

Current School _____ Current Grade _____ Years Attended _____

Current School Mailing Address _____ City _____ ST _____ ZIP _____

*Upon acceptance at Hope, your child's records will be requested.

Reason for leaving current school: _____

Prior School? _____ Grade(s) _____ Years Attended _____

Prior School Mailing Address _____ City _____ ST _____ ZIP _____

If currently home-schooled, please provide the name of any person or organization that is being used to evaluate your child.

FATHER / GUARDIAN

Social Security #: _____

Name: Mr. Dr. Rev. _____

First

MI

LAST

Marital Status: Married Widowed Separated Divorced Remarried Single

Relationship to Child: Father Step-Father Grandfather Guardian

Ethnicity: Caucasian Asian African-American Hispanic Other _____

Contact Information:

Home Phone

Cell Phone

Work Phone

Home Mailing Address

City

ST

ZIP

Home Email Address

Employer

Occupation

Church Attendance:

Do you regularly attend Hope Lutheran Church? Yes No

If yes: How long have you been in regular attendance? _____

Which service do you attend? Sunday 8:00 a.m. Sunday 10:30 a.m.

List the ministries and activities that you are involved in at HOPE:

In order to qualify for the "HOPE member" rate:

- You must attend and complete New Member Classes at Hope Lutheran Church.
- You must be taken in as a new member of Hope Lutheran Church.

If no: Please list name and address of church you attend: _____

Describe your participation and ministry in this church:

Please describe your faith in relationship with Jesus Christ:

MOTHER / GUARDIAN

Social Security #: _____

Name: Mrs. Miss Dr. _____

First

MI

LAST

Marital Status: Married Widowed Separated Divorced Remarried Single

Relationship to Child: Mother Step-Mother Grandmother Guardian

Ethnicity: Caucasian Asian African-American Hispanic Other _____

Contact Information:

Home Phone

Cell Phone

Work Phone

Home Mailing Address

City

ST

ZIP

Home Email Address

Employer

Occupation

Church Attendance:

Do you regularly attend Hope Lutheran Church? Yes No

If yes: How long have you been in regular attendance? _____

Which service do you attend? Sunday 8:00 a.m. Sunday 10:30 a.m.

List the ministries and activities that you are involved in at HOPE:

In order to qualify for the "HOPE member" rate:

- You must attend and complete New Member Classes at Hope Lutheran Church.
- You must be taken in as a new member of Hope Lutheran Church.

If no: Please list name and address of church you attend: _____

Describe your participation and ministry in this church:

STUDENT SCHOLASTIC INFORMATION

Has child ever repeated a grade? Yes No

Has child been in gifted or accelerated classes? Yes No

If an answer above is yes, please explain: _____

Has child ever been suspended or removed from any school for misconduct? Yes No

If yes, please explain:

Has child ever received a detention or demerit? Yes No

If yes, please explain: _____

Please describe your child's behavior regarding school and teachers?

Does child have a history of chronic physical condition, emotional condition, or learning disability, which has required professional attention or which may require special attention at Hope? Yes No

If yes, please explain and include copies of all reports:

Has child ever been enrolled in a special class or received tutoring? Yes No

If yes, please explain: _____

What are your child's likes or dislikes regarding school?

STUDENT HEALTH INFORMATION

Child's Doctor: _____ Phone: _____

Please answer the following questions regarding your child's health:

Does your child have any allergies? Yes No

If yes, please explain: _____

Does child take any behavior modification medications? Yes No

If yes, please explain: _____

Does child wear glasses or corrective lenses? Yes No

If yes, does your child need them all day or only for reading? _____

Has child had a history of ear infections or hearing difficulty? Yes No

If yes, please explain: _____

Does your child have any other health concerns? Yes No

If yes, please explain: _____

TRANSPORTATION

What School District do you live in? _____

Busing is provided for students in grades K-8 by request from the following districts:

*Bristol Township, Pennsbury, Neshaminy, Bensalem, and Council Rock.

*Bristol Borough and Morrisville do NOT provide transportation.

Would you like your school district to provide busing for your child? Yes No

*All requests must be in to Hope's office by May 1.

*All requests made after May 1 will take longer to process by the busing companies.

PERMISSION TO USE PHOTOS

Photos of Hope students may be used on the "front" of our website and other publications.

**Sometimes first names are used, but last names will never be used.*

Please choose your preference:

I give permission for the use of my child's images. (sign) _____

or

I do NOT give permission for the use of my child's images. (sign) _____

FINANCIAL RESPONSIBILITY

Who is responsible for paying fees and tuition?

- Father Mother Step-Father Step-Mother
 Grandfather Grandmother Guardian Other _____

Name of responsible individual/individuals? _____

Contact Phone: _____ Contact Email: _____

Are you financially able to meet the monthly tuition requirements? Yes No

Comments: _____

Do you owe tuition, fees, etc. to your current or previous school(s)? Yes No

*Any financial obligations to other schools must be taken care of prior to acceptance, if applicable, in order for Hope Lutheran Christian School to obtain all necessary educational and medical records.

Please initial each area below:

___ I have received the tuition/fee schedule for 2017-2018.

___ I understand that all fees are nonrefundable (application, materials/tech, SMART, and PTL/party fees)

___ I understand that if my child is registered in Hope's Extended Care program, the Department of Public Welfare (DPW) requires medical & emergency forms to be updated every 6 months or when changes occur. I understand that if I do not update this information promptly, my child's participation in Hope's Extended Care program may be suspended.

___ I understand that a written notice of thirty (30) days is required to withdraw my child from Hope. If I choose to withdraw my child from Hope Lutheran School, it is the school's policy that within thirty (30) days of a written request being made to Hope for a tuition refund, Hope will refund that portion of the tuition which the school determines to be refundable.

___ I understand that the person who is financially responsible for my child's tuition/fees will be turned into collections for unpaid tuition/fees upon my child's last day of attendance at Hope.

___ I understand that my child's records will not be released unless all tuition/fees are paid in full.

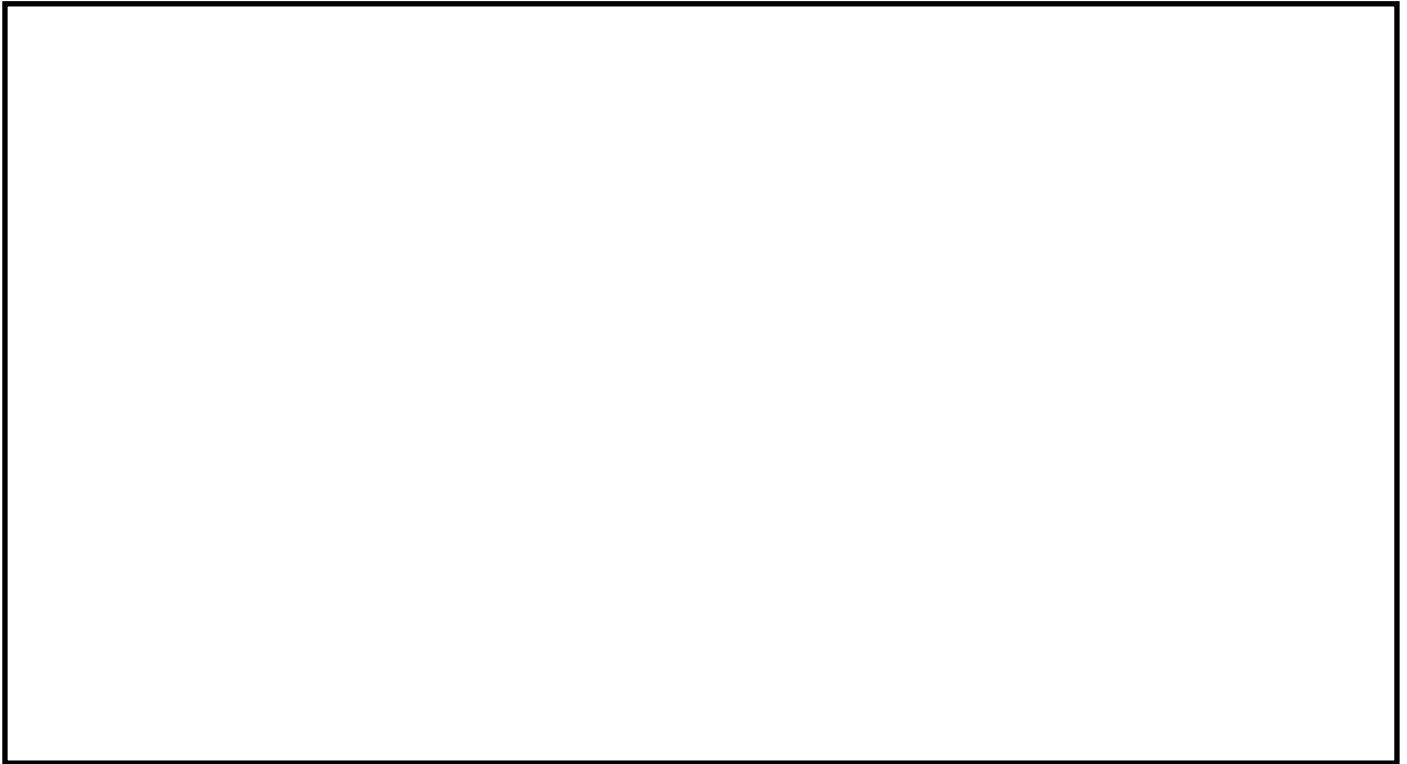
___ Failure to keep tuition current could result in my child being removed from Hope.

Parent/ Guardian Signature

Date

STUDENT – STATEMENT OF FAITH *To be completed by student*

For students applying for kindergarten – 2nd Grade, please draw and color a picture about Jesus and yourself.



For students applying for 3rd – 8th Grade, please write about Jesus and how He is important in your life.
