



**EMERGENCY CONTACTS:** Child will be released only to the parents/guardians listed above. The child can also be released to the following individuals, as authorized by the person who signs this application. In the event of an emergency, if the parents/guardians cannot be reached, the facility has permission to contact the following individuals.

Name	Relationship	Address	Phone Number

  

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**EMERGENCY MEDICAL CARE INFORMATION:**

Name of health care professional: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
Name of dental professional: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
Hospital Preference: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
Insurance Carrier: \_\_\_\_\_ Policy No. \_\_\_\_\_

**HEALTH CARE NEEDS:**

List any allergies and the symptoms and type of response required for allergic reaction: \_\_\_\_\_  
\_\_\_\_\_  
List any health care needs or concerns, symptoms of and type of response for these health care needs or concerns: \_\_\_\_\_  
\_\_\_\_\_  
List any particular fears or unique behavior characteristics the child has: \_\_\_\_\_  
\_\_\_\_\_  
List any type of medication taken for health care needs: \_\_\_\_\_  
\_\_\_\_\_

**ACADEMIC INFORMATION:**

How did you hear about Concordia? \_\_\_\_\_  
*(If a referral, a discount may go to referring family)*  
Which factor(s) most influenced your decision to enroll your child at Concordia?  
 Academic Quality       Fine Arts/ Athletics       Safe Environment  
 Christian Atmosphere       Location       School Philosophy & Values  
Last school attended: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
Last grade completed: \_\_\_\_\_ Public School District child live in: \_\_\_\_\_  
Please share any academic successes or strength your child has had: \_\_\_\_\_  
\_\_\_\_\_  
If your child has experienced any condition or previous difficulty in school, please note the source and nature of the condition or difficulty: \_\_\_\_\_  
\_\_\_\_\_  
Please list any evaluations, diagnoses, or therapies *(Attach any testing results)*: \_\_\_\_\_  
\_\_\_\_\_

**SIGNED AGREEMENTS:**

I would like to apply for financial assistance from Concordia's Scholarship Fund.       Yes       No  
I herewith request enrollment for my child. I understand the unique Christian nature of Concordia Lutheran School and assure the faculty and staff of my support. I submit this application and agree to abide by the tuition and fees, and policies as stated in the Parent Handbook. I understand that my child will take a series of placement tests deemed necessary by the school prior to final enrollment. I understand that if I change my mind and enroll my child elsewhere, the Registration Fee I paid will be refundable only if I move more than 30 miles from Concordia and that tuition payments are non-refundable.  
I, as the parent/guardian, authorize the school to obtain medical attention for my child in an emergency.  
**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Office Use Only:**  
**App. Received:** \_\_\_\_\_ **Testing Completed:** \_\_\_\_\_ **Reg. Fee Received:** \_\_\_\_\_ **Enrollment Date:** \_\_\_\_\_