

# Bethany Lutheran School

5100 ARBOR ROAD † LONG BEACH, CALIFORNIA 90808 † PHONE: 562-420-7783 † [www.bethanylutheran.org](http://www.bethanylutheran.org)

**Application for Enrollment**     Applying for: School Year \_\_\_\_\_ Grade \_\_\_\_\_

## STUDENT INFORMATION

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  Male  Female

Date of Baptism: \_\_\_\_\_ Church Name and Location: \_\_\_\_\_

Local Church Membership: \_\_\_\_\_ Pastor: \_\_\_\_\_

Interested in becoming a member of Bethany Lutheran Church?     Yes     No

Student lives with:     Father     Mother     Stepfather     Stepmother     Guardian     Adopted?

Parents are:     Married     Separated     Divorced     Mother Deceased     Father Deceased

*Please note: Are there any court orders restricting non-custodial parents or others from contact with your child?*     Yes     No  
(Copies must be on file in school office.)

Not Applicable

Ethnic Background:     American Indian     Asian     Black     Hispanic     White     Other

Student Shirt Size:  Youth Sm.     Youth Med.     Youth Lg.     Adult Sm.     Adult Med.     Adult Lg.     Adult XL

***Non-Discriminatory Policy:*** *Bethany Lutheran Schools admits students of any race, religion, color, and national origin and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, religion, color or national or ethnic origin in administration of its policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.*

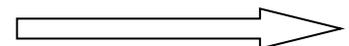
FAMILY INFORMATION	Mother	Father
First and Last Name:		
Home Address		
City, State, Zip Code		
Best Number to Reach You		
Email Address		
Occupation/Title		
Business Name		
Business Phone Number		
Cell Phone Number		

## PARENTAL PERMISSIONS

**Yes**  **No**    I give permission for my student to participate in school activities at Pan American Park and Iacoboni Library during the school year. With this signed registration form, we (I) absolve the teacher, Bethany Lutheran School, and any and all members of its governing board of any responsibility for the safety, welfare, health, and well-being of my child beyond such matters as may be called reasonable care for children in the custody of a teacher and subject to the teacher's clear instructions, for accident, injury, etc., which occurs beyond those areas covered by the school Student Accident Policy, which may occur to my child during the time of the activities.

**Yes**  **No**    I would like my child to receive milk at school. Bethany Lutheran School offers ½ pints of low-fat milk daily. The cost is \$20 per year, billed through your FACTS account. This program is supplemented by the federal government. *"In the operation of child-feeding programs administered by the US Department of Agriculture, no child will be discriminated against because of race, sex, color, national origin, age or handicap."* *If you believe you or any individuals have been discriminated against in this milk program, write immediately to the Secretary of Agriculture, Washington D.C."*

**Yes**  **No**    My child has permission to participate in sex education classes. I understand that Bethany Lutheran School teaches these lessons about procreation, gender, marriage and the family using God's Word as a guide and utilizing sex education materials published



by the Lutheran Church-Missouri Synod and other Christian organizations. I also understand that I am free to peruse the materials used and that I will be notified before the classes are taught.

## ADDITIONAL INFORMATION

**We can best serve your child if we know as much as possible about them. Please answer:**

Does your child have any physical limitations or handicaps?  No  Yes

If Yes, please explain: \_\_\_\_\_

Was your child born prematurely?  No  Yes

If Yes, how many weeks premature? \_\_\_\_\_

Is your child taking any kind of medication?  No  Yes

If Yes, please indicate the type of medication and how often it is administered: \_\_\_\_\_

Has your child ever been retained at any grade in school?  No  Yes

If Yes, please explain: \_\_\_\_\_

Is your child's first language English?  No  Yes

If No, what is your child's first language and how long has he/she been speaking English? \_\_\_\_\_

Has your child been under the care of a psychologist, psychiatrist, counselor/therapist or social worker?  No  Yes

If Yes, please explain: \_\_\_\_\_

Does your child have behavioral, learning or academic difficulties of any kind?  No  Yes

Has your child ever qualified for or had an IEP?  No  Yes

Has your child ever qualified for or had a 504 plan?  No  Yes

Has your child ever been tested by the public school system beyond achievement testing?  No  Yes

Has your child ever been tested for Speech and/or Language?  No  Yes

Has your child ever received Speech and/or Language therapy?  No  Yes

**If Yes to any of the above, please ask for a *Supplemental Application*.**

Has your child ever been diagnosed with any of the following? Check all that apply.

ADD?

Autism?

ADHD?

Aspergers?

Dyslexia?

Any type of learning disability?

Dyscalculia?

Any other psychological condition?

**If you checked any of the boxes above, please ask for a *Supplemental Application*.**

## PARENTAL AGREEMENT (Please read carefully before signing.)

My desire to enroll my child indicates that my first concern is the spiritual benefit of the school, where all courses are taught in a Christian spirit and with Christian applications. I therefore pledge myself to the following:

1. To cooperate with the school in the exercise of Christian discipline and the training of my child.
2. To accept the school's rules and regulations as detailed in the Parent-Student Handbook and to agree that my child shall abide by them. (A copy of the Handbook can be found on the Bethany website.)
3. To assume the responsibility of seeing that my child's assigned schoolwork is completed.
4. To cooperate in school programs, including volunteering five hours of service in the FISH (Families Involved in Service Hours) program or paying the \$20 per hour FISH fee.
5. To pay tuition and other fees promptly.

We (I) agree to cooperate with the school in its program and policies for the Christian education of our children. (One or both parents must sign.)

Signature of Father: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Mother: \_\_\_\_\_ Date: \_\_\_\_\_