

Student Name _____

Grade Enrolling In _____ D.O.B. ____/____/____ New Student _____ Returning Student _____

School Application for Enrollment 2018-2019



Educating the Mind-Nurturing the Soul

1421 W. BALL RD. ANAHEIM, CA, 92802 (714)774-0993
princeofpeaceanaheim.org

How did you hear about us? Website Downtown Anaheim Event OCPSA Fair Advertisement Referral

Current Student _____ Other _____

OFFICE USE ONLY

REGISTRATION FEE PD: No/ Yes / Payments \$ _____ Check # _____ Date: ____/____/____

TUITION PAYMENT: \$ _____

IMMUNIZATION RECORDS: Yes/ No Date received ____/____/____

*Immunization records required before school start date.

SMART TUITION PAYMENT FORM RECEIVED: Yes / No /Online Registration Verification Date ____/____/____

EXTENDED SCHOOL CARE NEEDED? Yes/No ESC FORM RECEIVED: Yes / No Date ____ ESC FEE PAID Yes / No Date ____

NEW STUDENT: Requested transcripts: Date ____/____/____

ENTERED INTO GOOGLE DOC: Date ____/____/____

ENTER ONTO ROSTER: Date ____/____/____

EMERGENCY FORM ENTERED INTO BINDER: Date ____/____/____

ENTERED INTO PTAL SERVICE BOOK: Date ____/____/____

STUDENT INFORMATION:

_____/_____/_____
Students Legal Last Name First Name Middle Name/Initial Date of Birth

School Previously Attended Address City Zip Phone Number

ETHNICITY: Black Hispanic Caucasian Asian Other__ Gender: Male Female

SIBLING INFORMATION:

Name Age Name Age

Name Age Name Age

STUDENT'S CHURCH:

NAME: _____ AFFILIATION? _____

CURRENT MEMBER Yes No BAPTIZED? Yes No Date ____/____/____

We **Require** all Non-Lutheran Parents to attend our "What We Teach & Believe" class conducted by The Pastor. In this class you will be informed of doctrine being taught at Prince of Peace. Please look for dates for the classes and when they will be held.

- I have attended this class. Yes No Date of class ____/____/____

Why do you desire your child in this school?

Following is a list of the 9 most common reasons why people choose to enroll their children in a Christian school. Please rank the top 3 in order from 1 (most important) to 3 (least important) as they apply to you personally:

____ High Academic	____ Spiritual Development	____ Good Work Habits
____ Extended School Care	____ Social Development	____ Extracurricular Activities
____ Self-esteem Development	____ Safe Environment	____ Technology
____ Moral development	Other _____	

EMERGENCY FORM (Please Print)

Name of Student _____ Grade _____
Last First Middle Initial

Student lives with: Both Parents Mother Father Step Mother Step Father Guardian _____

EMERGENCY CONTACTS: (Parents will automatically be notified)

I authorize Prince of Peace Lutheran Church and School to release my child to the following persons:

- 1. _____
(Name) relation to student (Phone #) (Cell #) (Work#)
- 2. _____
(Name) relation to student (Phone #) (Cell #) (Work#)
- 3. _____
(Name) relation to student (Phone #) (Cell #) (Work#)
- 4. _____
(Name) relation to student (Phone #) (Cell #) (Work#)

OUT OF STATE CONTACTS:

- 1. _____
(Name) relation to student (Cell #) Address

I understand that if my child has an emergency they will be taken to closest emergency room to Prince of Peace. I will pay physician's fees not covered by insurance. If necessary, I authorize emergency treatment by any certified paramedic, licensed physician and or hospital. Emergency contacts will be notified by Prince of Peace.

_____/_____/_____/_____/_____

Parent/Guardian Signature Date Parent/Guardian Signature Date
(Required) (Required) (Required) (Required)

STUDENT HEALTH INFORMATION:

ALLERGIES - Please provide an EpiPen/Inhaler/Medication/Etc. to the school office if needed.

- Peanut Allergy _____
- Bee Allergy _____
- Food Allergies _____
- Medicine Allergies _____
- Other _____

HEALTH NEEDS _____

MEDICAL INFORMATION

Family Physician: _____ Phone: _____

Hospital: _____ Phone: _____

Family Dentist: _____ Phone: _____

SPECIAL LEARNING NEEDS

BEHAVIORAL CONCERNS

PARENT INFORMATION: Single Married Divorced Guardian

Please attach any legal forms

1. Relationship to Student _____

2. Relationship to Student _____

First Name Last Name

First Name Last Name

Address City Zip

Same _____
Address City Zip

Home Phone No. Cell Phone No.

Home Phone No. Cell Phone No.

Driver's License No. Social Security #
(REQUIRED) (Last 4 REQUIRED)

Driver's License No. Social Security #
(REQUIRED) (Last 4 REQUIRED)

Occupation

Occupation

Employer

Employer

Business Phone

Business Phone

Email: Automatically sent P.O.P. emails

Email I would like to receive emails from P.O.P.





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FINANCIAL AGREEMENT 2018-2019

NAME AND ADDRESS OF PERSON (S) RESPONSIBLE FOR PAYMENT (PLEASE PRINT)

NAME: _____ HOME PHONE: _____

ADDRESS: _____ WORK PHONE: _____

CITY: _____ ZIP: _____ EMAIL: _____

LIST STUDENTS ENROLLING FOR 2018-2019 AT PRINCE OF PEACE LUTHERAN CHURCH AND SCHOOL

NAME: _____ GRADE: _____

NAME: _____ GRADE: _____

NAME: _____ GRADE: _____

NAME: _____ GRADE: _____

REGISTRATION FEE (non-refundable). **EARLY BIRD:** February 22nd–April 28th 2018

EARLY BIRD REGISTRATION

EARLY BIRD TUITION

K – 2 \$525.00
3rd – 8th \$450.00

1 Child - \$5100.00
2 Children - \$9,700.00
3 Children - \$14,275.00
4 Children- \$18,850.00

Technology Fee
\$350.00 3rd – 8th Grade
\$150.00 – Third year in the iPad program

REGISTRATION 2018-19

TUITION 2018-19

K – 2 \$575.00
3rd – 8th \$500.00

1 Child - \$5,400.00
2 Children - \$10,000.00
3 Children - \$14,575.00
4 Children - \$19,150.00

Technology Fee
\$350.00 3rd – 8th Grade
\$150.00 – Third year in the iPad program

TUITION PAYMENTS (Two plans available, please select one):

- ANNUAL PAYMENT PLAN** – Full payment of yearly tuition. Receive a 5% discount if paid in full by July 1st with cash or check.
- MONTHLY PAYMENT PLAN** – Payment of tuition monthly over a 10 or 12 month period.

TUITION AND FEE POLICIES: All fees are non-refunded on a pro-rated basis after a written statement of withdrawal is received. Accounts which become more than 30 days delinquent will result in the dismissal of the student. If you anticipate a problem making payments, please contact the school office in advance.

VOLUNTEER HOURS PROGRAM: Each family has the choice of giving 40 service hours of their time or paying \$10 for each hour not served.

SIGNATURE OF PERSON RESPONSIBLE FOR PAYMENT OF TUITION AND FEES:
I hereby agree to pay tuition and fees according to this financial agreement

_____/_____/_____
SIGNATURE DATE



**MEDIA AND PHOTOGRAPHY CONSENT
2018-2019**

I _____ hereby give Prince of Peace Lutheran Church and School
(Parent's first name and last name)

the absolute right to:

Photograph _____ Interview _____ Film _____ Other _____

My child _____ and copyright and / or publish

the pertinent materials in whole or in part for printed materials, advertising, public information or any other lawful purpose.

I hereby waive any right that I may have to inspect and/ or approve the finished product or the copy that may be used in connection therewith, or the use to which it may be applied.

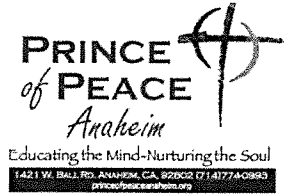
I hereby release, discharge and agree to save the above mentioned from any liability by virtue of any blurring, distortion, alteration, optical illusion of use in composite form whether intentional or otherwise, that may occur or be produced in the making of said picture, or in any processing tending towards the completion of the finished project.

DO NOT publish _____ photo.
(Students name)

Parent's printed first and last name

_____/_____/_____
Date

Parent's signature



**PARENT RELEASE FOR THE ADMINISTRATION OF MEDICATION
DURING SCHOOL HOURS
2018-2019**

Student _____ Birthdate ____/____/____ Grade _____

We, the undersigned, request that a member of the school staff administer to our child the medication prescribed according to the instructions given to us, by our physician _____

*We will file any new medication instructions immediately if the medication or dosage is changed.

1. **Any medication that must be given on a daily basis for a long period of time will require a doctor's letter with a signature.**
2. Physical condition for which drug is given: (If allergic in nature, please specify what type of reaction and indicate in detail those visible symptoms which would give rise to the necessity of administering the medication.) _____

3. Medication _____
4. Dosage and method of administration _____
5. Possible reaction that should be reported to the physician _____

6. Therefore the above medication cannot be scheduled for other than during school hours and such medication maybe administered by medically untrained school personnel whenever necessary.

Medication to be continued as above until: Date _____

_____/_____/_____
Parent/Guardian Signature _____ Date _____

Phone: _____ Email: _____

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PARENT TEACHER ALUMNI LEAGUE - PARENT PARTICIPATION PROGRAM 2018-19

Parents are essential in the process of Christian education. Without your dedicated effort, a quality job of education cannot be accomplished. Therefore, Prince of Peace needs all parents (family members welcome) to be involved in the Parent Participation Program. **Each family must donate 40 hours of service per school year at the school or church through one or more of the following ways.**

PLEASE PRINT FAMILY NAME _____

The category of involvement I/we have chosen:

I. FAMILY SERVICE DAY _____

*Family Service Day - (9 AM to Noon) Each year we have approximately 7 workdays to accomplish painting jobs, yard work, cleaning, and repairs. Maintenance personnel or the head trustee will coordinate these projects.

II. SCHOOL VOLUNTEERS

A. **LUNCH SUPERVISOR** _____ days you will work _____
K – 2nd 11:45 AM - 12:45 PM
3rd - 8th 12:00 PM –12:45 PM

B. **ROOM PARENT** _____ classroom you will serve _____

C. **OTHER (COACHING, PTAL, ETC.)** _____

III. FUND RAISERS _____

IV. CAPITAL FUNDS _____

*Over the past few years many large items have been purchased to enhance the quality of the educational program at POP. Items such as computers and bathroom facilities are examples of these purchases. If you are unable to help in any of the volunteer grouping above, you are required to participate by giving \$400.00. The check should be made out to POP and given to the school office.

We continually praise and thank God for you, our wonderful parents, and for your support in helping to meet the needs of our school. Together we can provide our children with both academic and spiritual growth.

We the _____ family have read and understand the “Parents Participation Program” and our requirements to the PTAL of Prince of Peace Lutheran Church and School.

Signature