

Student Name _____

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

School Application for Enrollment 2024-2025



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 ____/____/____

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

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.



FINANCIAL AGREEMENT 2024-2025

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

NAME: _____ HOME PHONE: _____

ADDRESS: _____ WORK PHONE: _____

CITY: _____ ZIP: _____ EMAIL: _____

LIST STUDENTS ENROLLING FOR 2024-2025 AT PRINCE OF PEACE LUTHERAN CHURCH AND SCHOOL

NAME: _____ GRADE: _____

NAME: _____ GRADE: _____

NAME: _____ GRADE: _____

NAME: _____ GRADE: _____

YOU MUST REGISTER BY APRIL 26TH, 2024 TO BE ELIGIBLE FOR EARLY BIRD TUITION

REGISTRATION

K – 2 \$650.00
3rd – 8th \$575.00

TECHNOLOGY

\$350.00- starting 3rd Grade
\$150.00- After 2 years in the Technology Program

EARLY BIRD TUITION 2024-2025

1 Child- \$6,950.00
2 Children- \$13,150.00
3 Children- \$19,350.00
4 Children- \$25,500.00

TUITION 2024-2025

1 Child- \$7,250.00
2 Children - \$13,460.00
3 Children - \$19,660.00
4 Children - \$25,860.00

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

ANNUAL PAYMENT PLAN – Full payment of yearly tuition. Payment to be made in school office prior to the first day of school.

MONTHLY PAYMENT PLAN – Payment of tuition monthly over a 10 or 12 month period, using SMART TUITION. Please be advised, there is a one-time \$50 set up fee using this service.

TUITION POLICIES: All fees are non-refundable. Tuition is refundable on a pro-rated basis after a written statement of withdrawal is received, and a 30 day notice is given. 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.

PARENT PARTICIPATION PROGRAM: Each family has the choice of giving 40 service hours of their time or paying \$15 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
2024-2025**

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
2024-2025**

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 may be administered by medically untrained school personnel whenever necessary.

Medication to be continued as above until: Date _____

Parent/Guardian Signature

Date

Phone: _____ Email: _____

PARENT PARTICIPATION PROGRAM 2024-2025

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 (other family members are 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. Failure to complete the 40 hours will result in a fee of \$15.00 per hour not completed.

The category of involvement I/we have chosen:

____ **Family Service Day**

____ **Room Parent for _____ (classroom)**

In order to receive 40 service hours, room parents must meet the following expectations: Collaborate with the teacher to determine needs of the classroom at the beginning of the year. Coordinate door decorating and other activities for teacher appreciation week in May. Co-chair at least one event for the school during the year. Request volunteers and/or supplies for events from parents as needed throughout the year. Communicate in a timely manner with parents. Attend PTAL meetings.

____ **Volunteer for one or more of the following events (please circle):**

Trunk or Treat

Order catering. Decorate. Coordinate music and activities. Solicit candy donations. Organize cars for trunk decorations.

Movie Night

Organize equipment. Order and pick up pizza/food. Work in the kitchen to sell items.

Santa’s Shop

Coordinate with the company to deliver items. Set up. Volunteer during the event. Take down.

Grandparent’s Day

Coordinate donations of treats as well as set up and take down for event.

See’s Candy Fundraiser

Prepare and distribute fundraiser materials. Collaborate with the Office manager to collect order forms. Tally orders and count money. Place order with See’s Candy Store. Pick up candy. Sort orders.

Karaoke Night or BINGO Night

Organize equipment. Order and pick up pizza/food. Work in the kitchen to sell items.

Parent Gala Night

Plan event. Set up. Take down.

Teacher Appreciation Week

Coordinate theme. Decorate. Set up/order food items. Clean up.

Water Play Day

Order water slides. Facilitate food and beverages. Set up/clean up.

We the parents of: _____ have read and understand the “Parents Participation Program” and our responsibilities to Prince of Peace Lutheran Church and School.

SIGNATURE -----

DATE -----

*Donations of \$15.00 may be used in exchange for 1 service hour, up to 20 hours.