

# SCHOOL APPLICATION FOR ENROLLMENT

Prince of Peace Lutheran School: 2025-2026

|                           |  |
|---------------------------|--|
| Student Name:             |  |
| Grade Enrolling In:       |  |
| Date of Birth:            |  |
| New or Returning Student: |  |



Educating The Mind, Nurturing The Soul

1421 W. BALL ROAD, ANAHEIM, CA 92802 (714) 774-0993  
WWW.PRINCEOFPEACEANAHEIM.ORG

## How did you hear about us?

- ☐ Website ☐ Social Media ☐ "The Fish" Radio  
☐ Advertisement ☐ Local Fairs ☐ Friends/Families  
☐ Prince of Peace "Buddy Program": \_\_\_\_\_  
☐ Other: \_\_\_\_\_

## OFFICE USE ONLY

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

TUITION PAYMENT: \$ \_\_\_\_\_

IMMUNIZATION RECORDS: Yes / No Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\*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 \_\_\_\_/\_\_\_\_/\_\_\_\_

**PLEASE FILL OUT, SIGN AND RETURN TO THE SCHOOL OFFICE. THANK YOU.**

Prince of Peace Lutheran School: 2025-2026

## **STUDENT INFORMATION**

|                             |  |
|-----------------------------|--|
| Student's Legal Last Name:  |  |
| Student's Legal First Name: |  |
| Middle Name/Initial:        |  |
| Date of Birth:              |  |
| School Previously Attended: |  |

### **GENDER:**

☐ Male      ☐ Female

### **ETHNICITY:**

☐ Hispanic    ☐ Caucasian    ☐ Black    ☐ Asian    ☐ Other \_\_\_\_\_

### **SIBLING INFORMATION:**

|    |       |      |    |       |      |
|----|-------|------|----|-------|------|
| 1. | Name: | Age: | 3. | Name: | Age: |
| 2. | Name: | Age: | 4. | Name: | Age: |

### **STUDENT'S CHURCH:**

Name: \_\_\_\_\_

Denomination: \_\_\_\_\_

Current Member: ☐ Yes ☐ No

Baptized: ☐ Yes ☐ No      Date: \_\_\_\_\_

### **WHY HAVE YOU SELECTED PRINCE OF PEACE?**

The 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:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> High Academics          | <input type="checkbox"/> Spiritual Development | <input type="checkbox"/> Good Work Habits           |
| <input type="checkbox"/> Extended School Care    | <input type="checkbox"/> Social Development    | <input type="checkbox"/> Extracurricular Activities |
| <input type="checkbox"/> Self-esteem Development | <input type="checkbox"/> Safe Environment      | <input type="checkbox"/> Technology                 |
| <input type="checkbox"/> Moral development       | <input type="checkbox"/> Other: _____          |   |

**PLEASE FILL OUT, SIGN AND RETURN TO THE SCHOOL OFFICE. THANK YOU.**

## EMERGENCY FORM

|                             |  |
|-----------------------------|--|
| Student's Legal Last Name:  |  |
| Student's Legal First Name: |  |
| Middle Name/Initial:        |  |
| Date of Birth:              |  |

### STUDENT HOUSEHOLD:

- ☐ Both Parents  
 ☐ Mother  
 ☐ Father  
 ☐ Stepmother  
 ☐ Stepfather  
 ☐ Grandma  
 ☐ Grandpa  
☐ Legal Guardian (Please specify relation) \_\_\_\_\_

### EMERGENCY CONTACTS: (Parents will automatically be notified)

*I authorize Prince of Peace Lutheran Church and School to contact any of the following people in case of emergency. Please select either Y or N if contact has permission to pick up your child from school.*

| Name | Relation | Phone # | Cell # | Work # | Pick-Up |
|------|----------|---------|--------|--------|---------|
|      |          |         |        |        | Y / N   |
|      |          |         |        |        | Y / N   |
|      |          |         |        |        | Y / N   |
|      |          |         |        |        | Y / N   |

### OUT OF STATE CONTACT: (for use in case of state-wide emergency)

| Name | Relation | Phone # | Cell # | Work # |
|------|----------|---------|--------|--------|
|      |          |         |        |        |

*I understand that if my child has an emergency they will be taken to the 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<br>(Required) | Date<br>(Required) | Parent/Guardian Signature<br>(Required) | Date<br>(Required) |

**PLEASE FILL OUT, SIGN AND RETURN TO THE SCHOOL OFFICE. THANK YOU.**

## **STUDENT HEALTH INFORMATION**

**ALLERGIES** - Please provide an EpiPen/Inhaler/Medication/Etc. to the school office if needed, along with medication release form. Separate forms must be submitted for each medication.

- ☐ Peanut Allergy \_\_\_\_\_
- ☐ Bee Allergy \_\_\_\_\_
- ☐ Food Allergy \_\_\_\_\_
- ☐ Medicine Allergy \_\_\_\_\_
- ☐ Other (*specify*) \_\_\_\_\_

### **HEALTH NEEDS:**

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### **SPECIAL LEARNING NEEDS:**

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### **BEHAVIORAL NEEDS:**

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### **MEDICAL INFORMATION**

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

**PLEASE FILL OUT, SIGN AND RETURN TO THE SCHOOL OFFICE. THANK YOU.**

## **PARENT INFORMATION**

### **1. PARENT/ LEGAL GUARDIAN**

☐ Married    ☐ Single    ☐ Divorced    ☐ Guardian

*Please attach legal forms pertaining to custody, legal guardianship, visitation, restraining orders, etc. If needed.*

First & Last Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City, State) ( Zipcode)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ ☐ Send P.O.P. Emails to this address

### **WORK INFORMATION**

Occupation: \_\_\_\_\_ Employer: : \_\_\_\_\_

Business : \_\_\_\_\_ Business Email: \_\_\_\_\_

### **2. PARENT/ LEGAL GUARDIAN**

☐ Married    ☐ Single    ☐ Divorced    ☐ Guardian

*Please attach legal forms pertaining to custody, legal guardianship, visitation, restraining orders, etc. If needed.*

First & Last Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City, State) ( Zipcode)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ ☐ Send P.O.P. Emails to this address

### **WORK INFORMATION**

Occupation: \_\_\_\_\_ Employer: : \_\_\_\_\_

Business : \_\_\_\_\_ Business Email: \_\_\_\_\_

**PLEASE FILL OUT, SIGN AND RETURN TO THE SCHOOL OFFICE. THANK YOU.**

## MEDIA AND PHOTOGRAPHY CONSENT: 2025 -2026

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I, \_\_\_\_\_ (Parent/Legal Guardian's Name), understand and acknowledge that Prince of Peace Lutheran Church and School may take recordings (including but not limited to photographs, video, audio, digital or otherwise, etc.) during events and activities which may include my child, \_\_\_\_\_ (Child's Name) (hereinafter, "Child").

Please check the appropriate boxes to indicate your consent:

- ☐ I, \_\_\_\_\_ (Parent/Legal Guardian's Name), understand and acknowledge Prince of Peace Lutheran Church and School may take recordings (including but not limited to photographs, video, audio, digital or otherwise, etc.) during events and activities which may include my Child, \_\_\_\_\_ (Child's Name), (individually or in the company of others), and have no objection to such. Prince of Peace Lutheran Church and School may use these recordings for promotional purposes, including but not limited to online and print advertising materials, newsletters, etc. No monetary compensation will be made for usage of the recordings. It is understood that any such recordings will be done only with the permission of and under the supervision of Prince of Peace Lutheran Church and School staff and/or administration.

If any child does not have permission to be recorded, Prince of Peace Church and School to the best of its ability and will not, intentionally post recordings to any Prince of Peace Lutheran Church and School publication.

By signing this, I acknowledge that I am the legal guardian of \_\_\_\_\_ (Child's Name).

By signing below, I acknowledge that I have read, understood, and agree to the terms contained in this Image/Audio Permission Release Form.

Parent/Legal Guardian's Name (please print): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian's Signature: \_\_\_\_\_

- ☐ **I DO NOT GIVE PERMISSION.** I do not wish for my child's image or likeness to be included or shared in any school or church photograph, interview, video, post or advertisement. I am aware this may affect my child's ability to participate in filmed or photographed activities including but not limited to, field trip group photos, after school event photos, certain vacation bible school activities, and/or other portions of extracurricular activities involving photo or video elements.

Parent/Legal Guardian's Name (please print): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian's Signature: \_\_\_\_\_

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## PARENT RELEASE FOR THE ADMINISTRATION OF MEDICATION DURING SCHOOL HOURS: 2025-2026

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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:

\_\_\_\_\_  
(Doctor Name and Office Number)

\*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: \_\_\_\_\_

PLEASE FILL OUT, SIGN AND RETURN TO THE SCHOOL OFFICE. THANK YOU.

## **PARENT PARTICIPATION PROGRAM: 2025-2026**

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:

\_\_\_\_\_ **Volunteer to be contacted to help with one or more of the following PTAL (Parent Teacher Alumni League) events:**

☐ Trunk or Treat

☐ Grandparent's Day

☐ Family Night

☐ See's Candy Fundraiser

☐ Teacher Appreciation Week

☐ End of Year Kids Fun Day

☐ Movie Night

☐ Santa's Shop

\_\_\_\_\_ **Room Parent for \_\_\_\_\_ (classroom)**

Duties to be determined by each teacher's needs. Will be working in conjunction with the PTAL.

\_\_\_\_\_ **Office Support**

\_\_\_\_\_ **Campus Beautification**

\_\_\_\_\_ **Campus Service Day**

\_\_\_\_\_ **Special Skills Service**

We have so many wonderfully skilled and talented Prince of Peace families. If you have a set of skills you'd like to volunteer for service hours, please write them in the blank below. We will call you and coordinate a day for you to volunteer those skills.

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We the parents of: \_\_\_\_\_ have read and understand the "Parents Participation Program" and our responsibilities to Prince of Peace Lutheran Church and School.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Parent/Guardian Signature Date

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

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