



3249 Windmill Point Blvd.  
 Kissimmee, FL 34746  
 (407) 870-5965  
 MyPeaceKids.org  
 school@mypeacekids.org

**New Student Enrollment Application      2021-2022 School Year**

**Student Information**

Student's Legal Name (First, Last, MI):

Male       Female

SSN: \_\_\_\_\_

Grade Applying For: \_\_\_\_\_

Home Address:

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Home Email Address:

Birthdate \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

Home Language Spoken: English       Spanish       Other  (Please Specify) \_\_\_\_\_

Do you attend church?    Regularly     Occasionally     Not at all       Baptized: Yes       No

Name of Church (if any):

**Parent/Legal Guardian Information**

Mother/Legal Guardian's Legal Name:

Father/Legal Guardian's Legal Name

Occupation/Title:

Occupation/Title

Cell Phone #:

Cell Phone #:

Place of Employment

Place of Employment:

Business Phone #:

Business Phone #:

Email Address:

Email Address:

Parents are: Married     Divorced     Separated

If parents are living apart, with whom does the child reside?

**Family Information**

**Brothers and Sisters (Full Names):**

**Baptized:**

**Sex:**

**Age:**

**Grade:**

**School:**

Yes  No

Male  Female

Yes  No

Male  Female

Yes  No

Male  Female

Yes  No

Male  Female

### Academic and Medical Information

School Most Recently Attended:

Current Grade:

Does your student have any of the following learning challenges? Please check all that apply:

ADD       ADHD       SLD       Other Learning Challenge : \_\_\_\_\_

If available, please submit the IEP or 504 Plan with this application.

Is your child taking any medication associated with this challenge: Yes  Please Specify: \_\_\_\_\_ No

Has your child ever experienced problems in any of the following areas? (check any that apply and briefly explain)

Discipline  \_\_\_\_\_ Test Anxiety  \_\_\_\_\_

Social Adjustment  \_\_\_\_\_ Social Anxiety  \_\_\_\_\_

Does your child have any physical condition which could affect school performance or limit participation in school activities?  
Yes  Please Specify: \_\_\_\_\_ No

Does your child have any special medical concerns (including allergies)?

Please explain your primary reason(s) for enrolling your child at Peace Lutheran School.

### Signatures

1. Parents or legal guardians who are not members of Peace Lutheran Church must attend two sessions of a *Basics of the Bible* class presented by the pastor sometime during the first year of attendance. This is done so that parents/guardians may be fully aware of what is being offered to their children. If you are not a member of Peace Lutheran Church, will you consent to a two-hour "Basics of the Bible" course? Yes  No

2. Children enrolled in our school are expected to attend church regularly.

Will you assure that your child is regular in attending church? Yes  No

Will you assure that your child will be able to participate in occasional worship services at Peace Lutheran Church, when the children are singing or making another presentation? Yes  No

3. We have read and agree to comply with all school policies as outlined in the PLS Handbook.

4. We have read and agree to abide by the guidelines pertaining to tuition payments and other related fees.

5. We agree to supervise our child's homework and see to it that assignments are completed on a regular basis.

6. We give permission for our child to participate in all school activities, including field trips and church singing, unless we provide written notice to the contrary. Parents/guardians will be informed via written notice of any field trips or church singing.

7. We have read, signed the medical consent, and authorize school personnel to secure emergency medical treatment for our child should he/she become seriously ill or injured and the parents can not immediately be reached.

I certify that my answers are true and complete to the best of my knowledge. If this application leads to enrollment, I understand that false or misleading information in the application or interview may result in my child's exclusion.

Signature of Mother or Legal Guardian:

Date:

Signature of Father or Legal Guardian:

Date:

## Additional Necessary Documents

THESE DOCUMENTS MUST BE SUBMITTED WITH THE APPLICATION FOR ENROLLMENT

1. Proof of physical examination within the last 12 months (Form 3040). If your child is entering 6th grade please have your physician provide proof of Scoliosis Test.

### 2. Proof of up-to-date required immunizations (Florida Form 680 or 681)

A. **Five (5) DPT's.** If the fourth primary dose is on or after the fourth birthday, the fifth dose is not required. DaPT is acceptable for one or more DPT's. DT (pediatric) is acceptable if Pertussis vaccine is medically contradicted.

B. **Four (4) Polio.** If the third dose is on or after the fourth birthday, the fourth dose is not required. IPV is an acceptable alternative for one or more doses of OVP.

C. **Two(2) MMR's.** First dose is valid if given on or after first birthday. Second dose is valid if given at least one month after the first dose. Two doses of measles, one mumps and one rubella given separately is an acceptable alternative.

D. **All required immunizations appropriate to age listed above, including the Hepatitis B(series of 3), Varicella and the Hib.** Varicella vaccine is not required if child has documentation of history of varicella disease.

### 3. Tuberculin Test

Any enrollee returning from an area outside of the Continental United States, regardless of grade level, must present evidence of a Tuberculin test, with a negative reading, administered within the last twelve (12) months before class attendance will be allowed. A student who has a positive reading on any Tuberculin test will be required to submit a chest X-ray. The student will not be allowed to enroll until a licensed physician certifies that the student may attend class. For purposes of this rule, the following United States territories are considered to be part of the Continental United States:

American Samoa  
Guam  
Puerto Rico  
Trust territories of the Pacific  
Virgin Islands

Some students cannot have a TB test prior to enrollment because of other immunizations that must be taken. In those cases a temporary waiver is given.

### 4. Proof of Date of Birth

State law requires that a child must be five (5) years old on or before September 1 of the ensuing school year to be eligible to enroll in kindergarten. In our situation a child must be four (4) years old on or before September 1 of the ensuing school year to be eligible to enroll in the 4-year-old kindergarten. A birth certificate (certified copy) must be presented with this application.

**Emergency/Medical Consent to Treat**

Student's Legal Name (First, Last, MI):

Date of Birth:

Grade:

Home Phone #:

**Parent/Legal Guardian Information**

Mother/Legal Guardian's Name:

Cell Phone #:

Work Phone #:

Email:

Father/Legal Guardian's Name:

Cell Phone #:

Work Phone #:

Email:

**Emergency Contact/Additional School Pick Up**

1st Emergency Contact Person Name:

Relationship:

Emergency Phone #:

2nd Emergency Contact Person Name:

Relationship:

Emergency Phone #:

**Doctor/Dentist Information**

Doctor's Name:

Doctor's Phone#:

Doctor's Address:

Dentist's Name:

Dentist's Phone#:

Dentist's Address:

**Health History**

List Allergies and/or Special Health Considerations:

List Medications Administered at Home:

List Medications Administered at School:

Does Child Wear Corrective Lenses?    Yes     No

Does Child Use Hearing Aids?    Yes     No

Does Child Have Asthma?    Yes     No

Does Child Have Diabetes?    Yes     No

Does Child Suffer Frequent Ear Infections?    Yes     No

**Parent Authorization**

In case of serious accident or illness at school, I hereby give permission to the staff of Peace Lutheran Church and School to seek emergency medical care for the child named above, if, in School Personnel's opinion, emergency medical care is needed or required. I also give permission to the licensed physician to provide proper medical treatment for the child. I understand every effort will be made to contact me, the parent or guardian, as soon as possible. The legal responsibility for ambulance conveyance expenses and for medical expenses incurred on behalf of your child is a parental one and not that of Peace Evangelical Lutheran Church of Osceola County, Inc., and Peace Lutheran School.

Signature of Mother/Legal Guardian:

Date:

Signature of Father/Legal Guardian:

Date:

**Unlimited Personal Release Agreement 2020-2021**

For consideration which I acknowledge, I hereby irrevocably grant to Peace Evangelical Lutheran Church and Peace Lutheran School at any time for the current school year, the right to record and reproduce on film, tape, print, audio, video, or Web materials the physical and/or vocal image and words of \_\_\_\_\_

(student's name)

\_\_\_\_\_ additional (student's name)

\_\_\_\_\_ additional (student's name)

\_\_\_\_\_ additional (student's name)

I waive the right to inspect or approve versions of any such image used for publication or the written copy that may be sued in connection with such image. Peace Evangelical Lutheran Church and Peace Lutheran School are authorized to use the said material for relevant business and educational purposes, including the promotion of its educational programs and services, at its commercially reasonable discretion throughout the world and in perpetuity.

While providing distance learning for families with heightened COVID-19 concerns, and our intention to provide a shared, consistent, learning environment for everyone, your child may participate in a closed Zoom meeting that will include the teacher and other classmates from Peace Lutheran School.

I release Peace Evangelical Lutheran Church and Peace Lutheran School and their assigns, licensees, and successors from any claims that may arise regarding the use of my image including any claims of defamation, invasion of privacy or infringement of moral rights, right of publicity or copyright. Peace Evangelical Lutheran Church and Peace Lutheran School are permitted, although not obligated, to include my name as a credit in connection with the image. I agree that I am to receive no monetary compensation for services and that my or my child's participation provides us no ownership right to the materials produced.

**Parent Authorization**

For any use other than the stated above, terms of this agreement will be renegotiated.

Agreed to this \_\_\_\_\_ Day of \_\_\_\_\_, 2021.

Signature of Parent or Legal Guardian: