

# DUBUQUE LUTHERAN SCHOOL REGISTRATION FORM

## 2016-2017

*Please fill out a separate form for each child enrolling. Additional forms are available from the office or at [www.dubuquelutherschool.com](http://www.dubuquelutherschool.com).  
**Non-Refundable Fees Per Student:** 1) Family Registration \$75 by April 1, 2016; \$125 after April 1, 2016  
 2) Supply Fee of \$60 (not to exceed \$120 per family).*

Grade:  K  1  2  3  4  5

Referred by: \_\_\_\_\_

Homeschool (p.m.)  K  1  2  3  4  5

Child's Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Gender: \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Telephone Number \_\_\_\_\_

Ethnic Background:	
<input type="checkbox"/> African-American	<input type="checkbox"/> Hispanic
<input type="checkbox"/> Asian	<input type="checkbox"/> Native American
<input type="checkbox"/> Caucasian	<input type="checkbox"/> Other

Mother's Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Parental Status  Married  Divorced  Unmarried  Guardian  Widow(er)

If the student does not live with both natural parents, with whom does the child live?

\_\_\_\_\_

Child's church membership \_\_\_\_\_

Is your child baptized?  Yes  No If yes, what church? \_\_\_\_\_

Date of Baptism \_\_\_\_\_

Public school district child would attend: \_\_\_\_\_

Previous School and Address: \_\_\_\_\_

Reason for Transfer: \_\_\_\_\_

Additional information you want us to know: \_\_\_\_\_

Has your child ever been screened or evaluated for ADD, ADHD, learning disabilities, or other areas which may impact learning?  Yes  No If yes, please explain \_\_\_\_\_

Has your child ever received special services for a learning disability?  Yes  No

If yes, what were the services? \_\_\_\_\_

Child's Doctor/Phone \_\_\_\_\_

Child's Dentist/Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Health Concerns/Food Allergies \_\_\_\_\_

Names & Birthday of siblings (oldest to youngest)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Emergency Contacts (Other than Parents):	
Primary Contact: _____	
Phone Number: _____	
Relationship to Child: _____	
Secondary Contact: _____	
Phone Number: _____	
Relationship to Child:- _____	

**Data on Father**

Employer: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Business Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Church: \_\_\_\_\_  
Church Address: \_\_\_\_\_  
Church Status:  Active  Inactive  
E-mail Address: \_\_\_\_\_

**Data on Mother**

Employer: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Business Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Church: \_\_\_\_\_  
Church Address: \_\_\_\_\_  
Church Status:  Active  Inactive  
E-mail Address: \_\_\_\_\_

If you are new to DLS, how did you hear about our school?  A DLS Family  Website  Open House  Other

Please list the people who are authorized to pick up your child:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

**I will be using Y Care:**  Yes  No  Regular Basis  As Needed Drop-In Basis

<b>Days I will need Y Care:</b>	Monday	Tuesday	Wednesday	Thursday	Friday
	a.m. _____	a.m. _____	a.m. _____	a.m. _____	a.m. _____
	p.m. _____	p.m. _____	p.m. _____	p.m. _____	p.m. _____

**Admissions Policy:**

Dubuque Lutheran School admits students of any race, sex, color, national and ethnic origin to all the rights and privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, sex, color, national or ethnic origin in administration of its education policies and school-administered programs.

**Parental Pledge of Support:**

We, the parents (primary care givers), pledge our support and cooperation to the faculty of Dubuque Lutheran School with regard to the work and conduct required of our child. We further pledge our support of Christian education in our home through our example and by worshiping regularly with our child. We agree to make tuition payments on time and to promptly meet other financial obligations as they arise. We will pray regularly for the ministry of Dubuque Lutheran School.

**Father's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Mother's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Preferred Payment Schedule beginning August 1, 2016: (check one)**

Annual  Semester (August 1 and December 1)  9 payments (Aug to April)  Automatic Payment/Direct Debit

**Dubuque Lutheran School 📍 2145 John F. Kennedy Road, Dubuque, IA 52002 📞 (563) 588-0614 📧**

[www.dubuquelutheranschool.com](http://www.dubuquelutheranschool.com)

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