



Enrollment Application

Bethlehem Lutheran School

2505 West 27th Avenue

Kennewick, WA 99337

(509) 582-5624

www.blcbls.org

ENROLLMENT CRITERIA

Age Requirements:

- **Preschool Classes** – Students must be at least three (3) years old by August 31st.
- **Pre-K Classes** – Students must be at least four (4) years old by August 31st.
- **Kindergarten** – Students must be at least five (5) years old by August 31st.

Students wishing to enter Bethlehem Lutheran School in Grades 1–8 must be a student in good standing, have satisfactorily completed the grade in which they were previously enrolled, must maintain a 2.0 GPA, and provide evidence of their ability to achieve satisfactorily at the grade level for which they are applying. Preschool students must be self-sufficient in the bathroom to be accepted into the program.

ADMISSIONS PROCESS

Steps in the application process:

- Submit a [Request for Information](#) or call us for more information
- Take a guided personal tour of our school
- Submit an online [Application for Enrollment](#). Families are encouraged to apply online as it simplifies the enrollment process and provides a way to track the process of your enrollment application.
- New students entering first through eighth grade must participate in admission interviews with both the principal and the homeroom teacher for the grade for which they are seeking admission. At least one parent or guardian should accompany the applicant at each interview.

At the admission interview, the following items shall be provided by the applicant or their parent(s) or guardian(s):

- A copy of the student's most current report card
- A copy of the student's most recent standardized test scores (if applicable to the grade level)
- A copy of the student's immunization record
- A copy of the student's current/previous school attendance record

The application and assessment will be reviewed and a decision will be made regarding the student's acceptance.

HOW TO APPLY ONLINE

Visit www.blcbls.org, click on the [Enrollment](#) tab and follow the link to submit an online [Application for Enrollment](#).

A new window will open and you will be prompted to create an account. Check your inbox to confirm your account. Then follow the prompts to log into your account to start the online application.

You will receive a confirmation email notifying you that your application has been submitted. We will be in touch regarding the status. Please note the following important dates:

February 18, 2016	Re-Enrollment opens – currently enrolled families begin re-enrolling for the 2015-2016 school year
March 4, 2016	Re-Enrollment closes
March 7, 2016	Waiting list enrollment notification date – church members, siblings of currently enrolled families, and waiting list families will be placed in classes pending availability and notified of spots. New applications can be submitted at any time, but will be placed on the waiting list and processed on this date for the upcoming year.
March 8, 2016	Open enrollment begins

The following are some informational points as you prepare to enroll online:

- Enrolling can be easily done from anywhere you have a computer and Internet access.
- You will need to have ready: medical insurance information, doctor name and phone number, dentist name and phone number, car insurance information (for field trip driving), and any medical or allergy explanations for your student(s).
- You can scan and upload copies of any of the required documents, if you wish. Otherwise, please mail or bring copies to the office.



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LAST NAME

FIRST NAME

STUDENT INFORMATION

First Year Preschool: 3-Day AM Preschool (T-Th AM) 3-Day PM Preschool (T-Th PM)

Second Year Preschool: 5-Day AM Pre-K (M-F AM) 5-Day PM Pre-K (M-F PM)

Kindergarten 1st Grade 2nd Grade 3rd Grade 4th Grade 5th Grade 6th Grade 7th Grade 8th Grade

Academic Year: _____ - _____

Last Name

First name

Middle Name

Street Address

City

State

Zip Code

Home Phone

Birth Date

Gender: Male Female

Ethnicity for statistic purposes only (check one):

- Hispanic or Latino
- American Indian or Alaskan Native
- Black or African American
- Native Hawaiian or Other Pacific Islander
- Asian White (not of Hispanic origin)
- Other: _____

Church Home

Member: Yes No

Name of Pastor

Current/Previous School

City/State

Current/Previous School Phone

Teacher & Principal Names

Grade(s)/Year(s) Attended

Reason for leaving

- Yes No Has the applicant ever been suspended?
- Yes No Has the applicant ever been expelled?
- Yes No Has the applicant had any encounters with law enforcement or juvenile authorities?
- Yes No Has the applicant received testing/counseling by a psychologist, psychiatrist, or family counselor?
- Yes No Has the applicant ever been diagnosed or in a program for a learning disability?
- Yes No Has the applicant ever been in a bilingual, ESL or LEP program?
- Yes No Has the applicant ever been in IEP (Individualized Education Plan) with or without ARD?

If you answered yes to any of the above questions, please explain here: _____

FAMILY INFORMATION

Marital Status: Married Divorced Separated Single Parent

Student Resides with: Mother Father Stepfather Stepmother Other: _____

Father's Name

Mother's Name

Job Title

Job Title

Employer

Employer

Employer Address

Employer Address

Business Phone

Cell Phone

Business Phone

Cell Phone

Email Address

Email Address

Guardian & Relationship _____

Guardian Address _____

If Guardian is other than the Father or Mother, please explain the Conditions of Custody: _____

Sibling Information:

<input type="checkbox"/> Brother	_____	_____	_____	_____
<input type="checkbox"/> Sister	Name	Birth Date	Grade	School
<input type="checkbox"/> Brother	_____	_____	_____	_____
<input type="checkbox"/> Sister	Name	Birth Date	Grade	School
<input type="checkbox"/> Brother	_____	_____	_____	_____
<input type="checkbox"/> Sister	Name	Birth Date	Grade	School

AUTHORIZED CONTACTS

<input type="checkbox"/> Emergency contact	_____	_____	_____	_____
<input type="checkbox"/> OK to pick up	Name	Relationship	Phone	Address
<input type="checkbox"/> Emergency contact	_____	_____	_____	_____
<input type="checkbox"/> OK to pick up	Name	Relationship	Phone	Address
<input type="checkbox"/> Emergency contact	_____	_____	_____	_____
<input type="checkbox"/> OK to pick up	Name	Relationship	Phone	Address
<input type="checkbox"/> Emergency contact	_____	_____	_____	_____
<input type="checkbox"/> OK to pick up	Name	Relationship	Phone	Address

MEDICAL INFORMATION

Doctor Name _____	Doctor Address _____	Doctor Phone _____
Dentist Name _____	Dentist Address _____	Dentist Phone _____
Insurance Company or none <input type="checkbox"/>	Insurance Policy # _____	Hospital Preference or none <input type="checkbox"/>
<input type="checkbox"/> Yes <input type="checkbox"/> No	My child may be given Tylenol. If yes, indicate preferred strength: <input type="checkbox"/> Children's <input type="checkbox"/> Junior <input type="checkbox"/> Adult	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does child have any allergies? Please list allergies and describe treatment regimen: _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your child regularly take medications? Please list medications and describe regimen: _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there any medical considerations that the school should be aware of? Explain: _____	

OTHER INFORMATION

Student Picture Form

Please mark a box below regarding permission to use your child's picture in any promotional or advertising media used by Bethlehem Lutheran School. This would include, but is not limited to, newspaper coverage or advertising; television coverage or advertising; BLS marketing materials including brochures, web site or videos; BLS teacher blogs; BLS Facebook page; community publications, etc.

- Yes, I give permission for my child's picture to be used.
- No, I do not give permission for my child's picture to be used.

Parent/Guardian Signature

Volunteer Driver Information

Do you intend to be a volunteer driver for any school events? Yes No

Auto Insurance Co. _____	Policy # _____	Policy Current Through _____
Liability Covered: <input type="checkbox"/> Bodily Injury <input type="checkbox"/> Property Damage <input type="checkbox"/> Personal Injury <input type="checkbox"/> Underinsured Motorist		

Field trip Permission

I give permission for my child to accompany his/her class on all field trips and class activities that are sponsored by Bethlehem Lutheran School. I understand that notification of field trips will be sent home prior to the event. Yes No

Parent/Guardian Signature

How did you learn about Bethlehem Lutheran School: Newspaper/Magazine Advertisement Phone Book Listing Church: _____
 BLS Web Site Other Web Site: _____
 Personal Referral: _____
 Word of Mouth Family Expo Open House Other: _____

Reason for applying to Bethlehem Lutheran School: _____

Anticipated Payment Schedule

- One payment due in September (2% discount)
- Ten payments due August-May
- Twelve payments due August-July

**Tuition billing and payments are handled through Smart Tuition.

PARENT COMMITMENT

We (I) understand that we are entering into an educational partnership with Bethlehem Lutheran School. We are committed that our child (children) will be attending Bethlehem Lutheran School next year. Also, we commit ourselves to:

- Uphold and support the mission and ministry of Bethlehem Lutheran School (without reservation) through participation and prayer.
- Work closely with the teachers in carrying out all aspects of each child's education.
- Support the total school curriculum and program of instruction as specified by leadership and the School Board.
- Partner with the teachers and administration in the spiritual nurturing of each child.
- Communicate regularly with teachers; volunteer where needed.
- Read the Parent/Student Handbook and support the teaching staff and administration by following all policies and procedures.
- Meet tuition obligations in a timely manner.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

>> OFFICE USE ONLY <<	
Date Received: _____	Time Received: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Immunization Record <input type="checkbox"/> Academic Records
<input type="checkbox"/> Admissions Tour	<input type="checkbox"/> Assessment Testing <input type="checkbox"/> Principal Visit
Fees Paid: <input type="checkbox"/> Registration \$ _____	<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> Credit Card
<input type="checkbox"/> Milk M-F	<input type="checkbox"/> Milk F Only <input type="checkbox"/> Sports <input type="checkbox"/> Eagles' Nest <input type="checkbox"/> Smart Tuition Form