



ZION LUTHERAN SCHOOL

6121 East Lovers Lane

Dallas, Texas 75214

phone 214-363-1630 / fax 214-361-2049

Mr. Jeff Thorman, Principal

214-363-1630 x 208 email – jthorman@ziondallas.org

APPLICATION FOR ENROLLMENT

2012-2013 School Year – Kindergarten – Grade 8

Our Mission – *Zion Lutheran School provides quality Christian education.*

ENROLLMENT PROCEDURE

1. Complete (*please print*) all the information requested on the **APPLICATION FORM** and return to the Zion Lutheran School office along with the following:
 - a) Copy of **BIRTH CERTIFICATE** (*A child must be 5 years old on or before September 1 of the current school year in order to enter Kindergarten and 6 years old on or before September 1 of the current school year to enter First Grade*).
 - b) Copy of current **IMMUNIZATION REPORT**.
 - c) Copy of most recent **REPORT CARD**.
 - d) Copy of most recent **STANDARDIZED TEST RESULTS**.
 - e) Copy of any **TEST RESULTS or EVALUATIONS** for learning difficulties or physical disorders such as ADD, ADHD, etc.
2. For **TRANSFER STUDENTS** in Grades 1-8, please submit the additional two forms:
 - a) **AUTHORIZATION TO RELEASE STUDENT RECORDS** form (attached). This form should be returned to the Zion Lutheran School office along with the completed application form.
 - b) **CONFIDENTIAL TEACHER EVALUATION** form (attached). This form should be presented to your child's present school. Please provide the school with a stamped envelope addressed to Zion Lutheran School, Attn: Principal.
3. Upon acceptance, a non-refundable **ENROLLMENT FEE** will be collected to guarantee enrollment.
4. Your enrollment is completed when you agree to and make applicable **TUITION PAYMENT**. Please refer to the attached Tuition/Fee Schedule for a list of tuition payment options and applicable fees. *Note: Monthly tuition payments are made over 10 months – August through May.*



Statement of Non-Discrimination

Zion Lutheran School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school.

Early Childhood Preschool Program

Toddler-2, Pre-School-2, Pre-School-3, Pre-School-4			
Day Options 8:30 am-3:30 pm	Enrollment Fee by March 1	Enrollment Fee after March 1	Yearly Tuition
5 Days	\$300	\$350	\$6,500
3 Days	\$300	\$350	\$5,500
2 Days	\$300	\$350	\$5,000

Kindergarten through Grade 8

Kindergarten – Grade 8				
8:30 am-3:30 pm	Enrollment Fee by March 1	Enrollment Fee after March 1	Yearly Member Tuition	Yearly Non-Member Tuition
1 st Child	\$500	\$600	\$5,000	\$7,000
2 nd Child	\$300	\$400	\$4,500	\$6,000
3 rd Child or more	\$100	\$200	\$500 less for each child	\$500 less for each child

Tuition payment options are: (1) Full payment of tuition;
(2) 10 Monthly Payments (August-May) through the Thrivent *Simply Giving* program.

Extended Care Program

(Age 2 – Grade 8)

Option	As Needed	Monthly
Enrollment Fee (per child)	\$25	\$25
Mornings Only (7:00 - 8:15 am)	\$7/day	\$65
Afternoons Only (3:30 - 6:00 pm)	\$16/day	\$225 (will be added to tuition pmt)
Full Care (mornings & afternoons)	\$23/day	\$225 (will be added to tuition pmt)
Half Days Early Dismissal (11:30 am - 6:00 pm)	\$21/day	Included in Full Care option*
Special Days (7:00 am – 6:00 pm)	\$32/day	\$16/day, if enrolled in Full Care option*

***Half Days & Special Days are NOT included in monthly “Mornings Only” care**



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APPLICATION FOR ENROLLMENT:

KINDERGARTEN – GRADE 8

Enrolling for School Year _____ in Grade _____

Child's Name: _____ Sex: M F
(Last) (First) (Middle)

Home Address: _____ Phone: _____
(Street and Number)

_____ email: _____
(City) (State) (Zip code)

Birthdate: ____/____/____ Place of Birth: _____
(month) (day) (year) (city) (state)

Child's Church Membership: _____
(name of congregation) (denomination)

Does the child attend church or Sunday School regularly? _____ Date of Baptism: ____/____/____
 Yes No (month) (day) (year)

Previous School Attended: _____
(name and address) (grade completed)

Reason for Withdraw: _____

Please answer the following questions about your child. If any answer is YES, please explain briefly in the space provided: (attach additional sheet if necessary to explain)

- YES NO Physical disability? _____
- YES NO Mental disability? _____
- YES NO Learning disability? _____
- YES NO Academic problems? _____
- YES NO Difficulty in completing work? _____
- YES NO Disciplinary problems? _____
- YES NO Difficulty in cooperation? _____
- YES NO Social problems? _____
- YES NO Attitudinal problems? _____

FAMILY BACKGROUND INFORMATION

INFORMATION CONCERNING FATHER

Living? YES NO (if no, skip to section regarding mother)

Name of Father: _____
(Last) (First) (Middle)

Address of Father: _____
(if different from child)

Phone Numbers: home _____ cell _____
work _____ email _____

Occupation of Father: _____

Place of Employment: _____

Father's Church Membership: _____
(name of congregation) (denomination)

INFORMATION CONCERNING MOTHER

Living? YES NO (if no, skip to section regarding step-parent/guardian)

Name of Mother: _____
(Last) (First) (Middle)

Address of Mother: _____
(if different from child)

Phone Numbers: home _____ cell _____
work _____ email _____

Occupation of Mother: _____

Place of Employment: _____

Mother's Church Membership: _____
(name of congregation) (denomination)

MARITAL STATUS OF PARENTS (circle one): MARRIED SEPARATED DIVORCED WIDOWED

If separated/divorced, which parent holds custody of the child? _____

INFORMATION CONCERNING STEP-PARENT/GUARDIAN (if applicable)

Name: _____
(Last) (First) (Middle)

Address: _____
(if different from child)

Phone Numbers: home _____ cell _____

Occupation: _____

Place of Employment: _____

Church Membership: _____
(name of congregation) (denomination)

OTHER CHILDREN RESIDING AT HOME

<u>Name</u>	<u>Birthdate</u>	<u>School Attending (if applicable)</u>	<u>Age/Grade</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ADDITIONAL STUDENT BACKGROUND INFORMATION

Does your child require any special care? (allergy or diet related, restrictions on physical activity, etc.) YES NO
If yes, please explain: _____

Has your child ever been evaluated for visual perception difficulties, neurological or audiological impairment? YES NO
If yes, please explain: _____

Does your child require administration of any medication or special accommodations to assist with their academic or social performance in the classroom? YES NO
If yes, please explain: _____

Please indicate your child's hobbies/special interests: _____

STATEMENT OF DESIRE TO ENROLL

Describe briefly, why do you desire a Lutheran Christian education for your child? _____

Feel free to comment on anything you feel we should be aware of regarding your child or child's enrollment.



AUTHORIZATION TO RELEASE STUDENT RECORD INFORMATION

 Last Name First Name MI

 Address

 City State Zip Code

 Grade & Year Last Attended

Release Information to:

Mr. Jeff Thorman, Principal
 Zion Lutheran School
 6121 E. Lovers Lane
 Dallas, Texas 75214

Our Mission

Zion Lutheran School provides a quality Christian education.

Elementary and Middle School

Grades K-8

Early Childhood Program

Toddlers through Pre-School 4s

Jeff Thorman

M.Ed.

Principal

jthorman@ziondallas.org

I hereby authorize _____
(school name and address)

to release the information requested in Column A and approved by the undersigned in Column B to the above named school/individual. Thank you for your prompt attention and response to my request.

Parent's Signature _____ Date _____

Student's Signature *(optional)* _____

Accredited and Licensed

by National Lutheran

School Association-

TEPSAC and

Texas Department of

Family & Protective

Services

**6121 E. Lovers Lane
 Dallas, Texas 75214**

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 Fax 214-361-2049**

www.ziondallas.org

Column A Records Requested	Column B Records Released	Descriptions
_____	_____	Official School Transcripts
_____	_____	Official Administrative Record (name, address, birthdate, grade successfully completed, grades, class standing, attendance record)
_____	_____	Standardized Achievement Test Results
_____	_____	Intelligence and Aptitude Test Data
_____	_____	Health/Immunization Records (dental, if available)
_____	_____	Psychological Reports
_____	_____	Special Needs Staffing Reports
_____	_____	Individualized Education Program
_____	_____	Social Work Reports
_____	_____	Other: _____

Office Use Only:

Date Info sent: _____ By: _____

CONFIDENTIAL TEACHER EVALUATION

Please have the teacher or administrator complete and return this form directly to:

**Zion Lutheran School
Attn: Principal Jeff Thorman
6121 E. Lovers Lane
Dallas, Texas 75214**

Applicant's Name _____ Preferred Name: _____
(Last) (First) (Middle)

Date of Birth _____ Candidate for Grade _____ School Year _____



Please assess the above-named student as compared with peers at current school.

Academic Performance

Superior Good Average BelowAvg Poor

Language Arts	_____	_____	_____	_____	_____
Reading Skills	_____	_____	_____	_____	_____
Writing Skills	_____	_____	_____	_____	_____
Mathematics	_____	_____	_____	_____	_____
Facts/computation skills	_____	_____	_____	_____	_____
Concepts/problem solving skills	_____	_____	_____	_____	_____

Has outside help been recommended? YES NO

Has outside help been given? YES NO If yes, please comment by whom and on improvementst:

Comment:

Aesthetic Development – shows interest in:

Art	_____	_____	_____	_____	_____
Music – vocal	_____	_____	_____	_____	_____
-- instrumental	_____	_____	_____	_____	_____
Dramatic play	_____	_____	_____	_____	_____

Comment:

Physical Involvement

Participates in Team Sports? YES NO sports: _____

Comment:

Study Habits

Effort	_____	_____	_____	_____	_____
Ability to work independently	_____	_____	_____	_____	_____
Ability to work in groups	_____	_____	_____	_____	_____
Pattern of completing work on time	_____	_____	_____	_____	_____
Attention Span	_____	_____	_____	_____	_____
Organization/care of materials	_____	_____	_____	_____	_____
Work Ethic	_____	_____	_____	_____	_____

Comment:

Personal Characteristics

Peer Relationships

Attitude toward faculty, staff, authorities

Assumption of responsibility

Citizenship

Conduct

Health

Attendance

Superior	Good	Average	BelowAvg	Poor
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Comment:

Please make a prediction of the applicant's success at next grade level at present school.

_____	_____	_____	_____	_____
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Is this applicant eligible to return to your school?

YES NO (If no, explain)

Please make a brief comment on each of the following:

- Any disciplinary issues in which this student has been involved:
- Applicant's social and/or emotional development as compared to that of other students of the same chronological age:
- Applicant's greatest strengths:
- Any limitations, disabilities, or special needs (including amount of teacher time required):
- Parental expectations, support, and attitude toward child:
- Parental expectations and support of school:

Support of school personnel by parents	<input type="checkbox"/> YES	<input type="checkbox"/> NO (If no, explain)
Follows school rules, regulations, policies	<input type="checkbox"/> YES	<input type="checkbox"/> NO (If no, explain)
Responsibility for financial commitments	<input type="checkbox"/> YES	<input type="checkbox"/> NO (If no, explain)
- Special comments:

This student has been enrolled in this school for _____ years. I have known him/her for _____ years.

Signature of Evaluator: _____ Position: _____

School Name: _____ Date: _____

School Address: _____ Phone: _____