



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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Jeff Thorman, Principal jthorman@ziondallas.org

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)

- | | | |
|------------------------------|-----------------------------|--------------------------------------|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Physical disability? _____ |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Mental disability? _____ |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Learning disability? _____ |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Academic problems? _____ |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Difficulty in completing work? _____ |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Disciplinary problems? _____ |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Difficulty in cooperation? _____ |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Social problems? _____ |
| <input type="checkbox"/> YES | <input type="checkbox"/> 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.

FINANCIAL ASSISTANCE

If you feel that your family cannot accept full responsibility for paying your full tuition, you are encouraged to make application for a tuition waiver or ***financial assistance through the Zion Lutheran School Scholarship Program***. Applications are available from the school office. Academic scholarships and Financial Aid are both available.



Please read the following prior to signing below:

- I have prayerfully considered the enrollment of my child at Zion Lutheran School. Furthermore, I have carefully and seriously read all the statements included with this application and concur with them.
- I understand that failure either by the parent or child to comply with these statements and all rules, regulations, policies, and procedures set forth by Zion Lutheran School and the Zion Lutheran Board of Christian Education as outlined in the Parent-Student Handbook may affect the enrollment of my child at Zion Lutheran School.
- I understand that all enrollments are for one year only and are re-evaluated annually.
- I accept all legal responsibilities for the prompt and full payment of: a) enrollment fee b) tuition payment c) other applicable fees, and d) any willful and/or negligent damage to church or school property by my child.
- I realize that final decision concerning the enrollment is made by the administration of Zion Lutheran School. I further understand that, in event of non-acceptance, I will be notified in writing of such decision.

Signature of Father: _____ Date: _____

Signature of Mother: _____ Date: _____

How did you find out about Zion Lutheran School? *(please check all that apply)*

- ☐ We saw your school in: ☐ Newspaper ☐ Magazine (name: _____)
 ☐ Yard sign ☐ Car sticker
- ☐ We visited your web site and received information.
- ☐ We heard about you from a friend / Zion parent: (name) _____
- ☐ We are members of a Lutheran congregation (name of church) _____
- ☐ We previously attended another Lutheran school (name of school) _____
- ☐ Other: _____

(Office Use Only) _____ Date Received _____ _____ Birth Certificate _____ Immunization Report _____ Standardized Test Scores	_____ Other Test Results/Evaluation _____ Record Release Form; records received _____ _____ Teacher Recommendation; received _____ _____ Enrollment Financial Statement
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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

Accredited and Licensed
by National Lutheran
School Association-
TEPSAC and
Texas Department of
Family & Protective
Services

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www.ziondallas.org

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

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) _____

<u>Column A</u> <u>Records</u> <u>Requested</u>	<u>Column B</u> <u>Records</u> <u>Released</u>
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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

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 ☐ YES ☐ NO (If no, explain)
Follows school rules, regulations, policies ☐ YES ☐ NO (If no, explain)
Responsibility for financial commitments ☐ YES ☐ 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: _____