



the king's school

A Ministry of Church of the Nations

P.O. Box 300, Lake Luzerne, New York 12846-0300 ~ (518) 654-6230 ~ Fax (518) 654-7310 ~ main_office@kingsschool.info ~ http://kingsschool.info

DATE OF APPLICATION _____

DESIRED START DATE _____

KINDERGARTEN - 12TH GRADE APPLICATION

A new student fee of \$200 (non-refundable) is due with application.

SCHOOL DISTRICT _____ SCHOOL CURRENTLY ATTENDING _____ GRADE _____

STUDENT'S NAME _____ AGE _____ DOB _____

ADDRESS _____ CELL# _____

CITY _____ STATE _____ ZIP _____

REASON FOR ENROLLING _____

MOTHER'S NAME _____ HOME # _____

ADDRESS _____ CELL# _____

CITY _____ STATE _____ ZIP _____ EMAIL _____

EMPLOYER _____ WORK# _____

FATHER'S NAME _____ HOME # _____

ADDRESS _____ CELL# _____

CITY _____ STATE _____ ZIP _____ EMAIL _____

EMPLOYER _____ WORK# _____

EMERGENCY CONTACTS

LIST **AT LEAST TWO** NEIGHBORS OR NEARBY RELATIVES WHO WILL ASSUME TEMPORARY CARE OF YOUR CHILD IF YOU CANNOT BE REACHED:

1. NAME _____ RELATIONSHIP TO STUDENT _____

CELL# _____ WORK# _____ HOME# _____

2. NAME _____ RELATIONSHIP TO STUDENT _____

CELL# _____ WORK# _____ HOME# _____

MEDICAL INFORMATION

In case of accident or illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call my emergency contacts indicated above. The school may call EMS and transport student to Saratoga Hospital or Glens Falls Hospital if necessary.

FAMILY PHYSICIAN'S NAME _____ OFFICE# _____ HOSPITAL PREFERRED _____

FOOD ALLERGIES _____ ALLERGIES TO MEDICINE/LATEX _____

IF YOUR CHILD HAS ANY MEDICAL CONDITIONS OR MEDICATIONS, PLEASE LIST THEM BELOW. _____

FOR OFFICE USE ONLY

_____ Accepted _____ Declined Starting Date _____

_____ Total Monies Received (Check # _____) (Cash _____) Comments _____

_____ New Student Fee (\$200) _____

_____ Operational Fee (\$250) _____

_____ Tuition _____

_____ Other _____

REFERRAL INCENTIVE Referring family may qualify for a monetary reward at the end of your first year of fully paid tuition at King's.

Referred by: _____ Is this referring family currently enrolled @ King's. (Yes) (No)

Church your student attends: _____

Pastor _____

Church address: _____

Church phone: _____

Does your student attend a youth group: Yes No If yes, where, _____

What are some of the reasons you want to attend The King's School? _____

DISMISSAL

My student will be a car rider bus rider or both _____

I authorize the following people to pick up my child(ren) at the end of the school day.

- 1. Name _____ Relationship to Student _____
- 2. Name _____ Relationship to Student _____
- 3. Name _____ Relationship to Student _____
- 4. Name _____ Relationship to Student _____

Please notify the office if your student's dismissal changes by calling (654-6230), emailing (main_office@kingschool.info), or sending in a note.

Signature of Parent/Guardian _____ Date: _____

Signature of Parent/Guardian _____ Date: _____

FOR OFFICE USE ONLY

Are their conditons with this enrollment: _____

Principal's Comments _____

