



the king's school

Preparing Tomorrow's Leaders Today!

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

KINDERGARTEN - 12TH GRADE APPLICATION

A new student fee of \$400 (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 a 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 (\$400) _____

Operational Fee (\$350) _____

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 _____ (please state which days for each)

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@kingsschool.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 _____

