ZION LUTHERAN SCHOOL
2026 – 2027 REGISTRATION FORM
Your child must be the appropriate age by August 1, 2026

Program I am registering my child for: (circle one)

PS2	PS3	PS4	K	1st	2nd	3rd	4th

NEW STUDENTS: PLEASE PROVIDE A COPY OF YOUR CHILD'S BIRTH CERTIFICATE & IMMUNIZATION RECORDS

Grades Kindergarten – 4th grade only: My family will be applying for (circle)

SGO SCHOLARSHIP	SCHOOL CHOICE SCHOLARSHIP

Preschool 4 only: My family will be applying for (circle)

SGO SCHOLARSHIP

Student Information

Childs First & Last Name:					
Birthdate:	Male	Female	Church Membership:		
Baptism Date:	Student lives with (circle one):		Parent(s)	Grandparent(s)	Guardian(s)
If parents are divorced, custody is granted to:					
Does student have siblings at Zion?	YES	NO	If yes, list names:		
Did your child attend another school other than ZLS last year? If so, where?					

Parent Information

Address:	City:
County of Residence:	Zip Code:

DAD Name:	MOM Name:
DAD Cell Phone:	MOM Cell Phone:
DAD Employer:	MOM Employer:
DAD Work Phone:	MOM Work Phone:
*DAD Email:	*MOM Email:
Cell Carrier:	Cell Carrier:

**At least 1 email must be listed.* (Carrier needed for mass texts sent out, etc.)

Parent Authorizations (Please circle)

I authorize the school to release information about my child for further education and/or treatment.	YES	NO
I authorize the school to use pictures which include my child.	YES	NO
I agree to allow teachers or staff to apply antibiotic ointment to minor cuts and scrapes.	YES	NO
I agree to allow teachers or staff to give my child Ibuprofen if needed.	YES	NO
I give Zion Lutheran School permission to access the Indiana State Department of Health's Children and Hoosiers Immunization Registry Program (CHIRP).	YES	NO

over

Emergency Information

Does your child have any Allergies? If YES, please List:		
Do you authorize the school to act in case of illness or injury if you cannot be reached?	YES	NO
If needed, may you or your spouse be contacted at work?	YES	NO

Emergency Contacts

In case of emergency, we will contact the parents first.		
If we cannot reach the parents, we will then try to contact the following:		
Name:	Phone:	Relationship:
Name:	Phone:	Relationship:

People Authorized to Pick up My Child

Name:	Phone:	Relationship:
Name:	Phone:	Relationship:
Signature of Parent/Guardian:		Date:

Key Fob Request

A $10.00 deposit will be charged for each key fob.			
I will need (circle one)	1 Key Fob	2 Key Fobs	Currently have a Key Fob
Adult #1's Name:			
Adult #2's Name:			

School Year Daycare Enrollment

I plan on enrolling my child in daycare for Aug. 2026 – May 2027 school year.				YES	NO
How many days would your child be in attendance? (circle)	1	2	3	4	5
Day's my child will be in attendance for daycare. (circle)	M	T	W	TH	F
(Grades K – Fourth Grade only) I plan on using the before/after school daycare services. (circle)				YES	NO

When choosing days of attendance please make sure the days circled are the ones needed for your schedule. You may change the days free of charge 2 weeks prior to school starting and 2 weeks prior to the school Christmas Break starting. If changes need to be made at any other time during the school year, a $50.00 fee will be accessed along with a required 2 week notice prior to changes.

Mission Statement

Nurturing & educating children to become life-long followers of Jesus.

Philosophy Statement

Training a child in the way he should go, and when he is old, he will not turn from it.

OFFICE USE ONLY

Date Application Received
Registration Fee $
Check Number Cash