



Cross of Hope  
Lutheran Elementary School

Cross of Hope Elementary School  
6104 Taylor Ranch Road NW  
Albuquerque, New Mexico 87120  
Phone: (505) 897-1832 · Fax: (505) 897-9455  
Email: school@crossofhope.org  
Web: www.crossofhope.org/schools

**NAME & ADDRESS OF LAST SCHOOL  
ATTENDED (if not Cross of Hope)**

SCHOOL NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE/ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_

**APPLICATION FORM**

Is the student a:

- ( ) COH Preschool Student – Year(s) \_\_\_\_\_  
( ) Member of Cross of Hope Church

K-5th - A \$100 non-refundable registration fee and a \$300 book and supply fee must accompany this application.

**Student Information**

|   |                          |   |
|---|--------------------------|---|
| Name of Student (First/Middle/Last)   | Date of Birth            | Gender<br><input type="checkbox"/> Male <input type="checkbox"/> Female   |
| Home Address  | Home Phone #             | <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted   |
| City State Zip  | Student Lives With       | <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian<br><input type="checkbox"/> Both Parents <input type="checkbox"/> Other _____ |
| Ethnic Origin (optional):<br><input type="checkbox"/> African Amer. <input type="checkbox"/> Asian<br><input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other | Church Affiliation _____ | Student attends Church: <input type="checkbox"/> Yes <input type="checkbox"/> No Where _____  |

**Parent Information**

|  |  |
|--|--|
| FATHER or <input type="checkbox"/> Guardian <input type="checkbox"/> Stepfather  | MOTHER or <input type="checkbox"/> Guardian <input type="checkbox"/> Stepmother  |
| Name Business Phone  | Name Business Phone  |
| Employer or Business Name Occupation   | Employer or Business Name Occupation   |
| Employer Address   | Employer Address   |
| Home Address (if different than student) City Zip  | Home Address (if different than student) City Zip  |
| Phone: Home (if different than student) Cell:  | Phone: Home (if different than student) Cell:  |
| <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated<br><input type="checkbox"/> Remarried <input type="checkbox"/> Widowed | <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated<br><input type="checkbox"/> Remarried <input type="checkbox"/> Widowed |
| Email Address: _____   | Email Address: _____   |

**Family Information**

| Brother(s) & Sister(s) Names | Age | Grade | School Attending |
|------------------------------|-----|-------|------------------|
|                              |     |       |                  |
|                              |     |       |                  |
|                              |     |       |                  |
|                              |     |       |                  |

Cross of Hope Lutheran Elementary School admits students of any race, color, national and ethnic origin and grants, to all, the rights, privileges, programs, and activities generally accorded or made available to any; students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admission policies, tuition assistance programs, athletic or other school administered programs.

# Health History Questionnaire

Please print all requested information.

**Student's Physician:**

Doctor's Name \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_

**Student's Dentist:**

Dentist's Name \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_

**Insurance:**

Medical Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Dental Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

**Desired Hospital In Case of Emergency** \_\_\_\_\_

**Health Information:**

Date of student's last physical exam \_\_\_\_\_

I consider my child's health to be (circle one): Excellent    Above Average    Average    Poor

If "Poor" please explain: \_\_\_\_\_

**Health History:**

| Yes | No  |                   | Yes | No  |                       |
|-----|-----|-------------------|-----|-----|-----------------------|
| ___ | ___ | Asthma            | ___ | ___ | High Blood Pressure   |
| ___ | ___ | Bleeding Trait    | ___ | ___ | Migraine Headaches    |
| ___ | ___ | Congenital Defect | ___ | ___ | Nervous Stomach       |
| ___ | ___ | Convulsions       | ___ | ___ | Rheumatic Fever       |
| ___ | ___ | Depression        | ___ | ___ | Sinus Trouble         |
| ___ | ___ | Diabetes          | ___ | ___ | Thyroid-overactive    |
| ___ | ___ | Epilepsy          | ___ | ___ | Thyroid-underactive   |
| ___ | ___ | Hay Fever         | ___ | ___ | Mental Health Problem |
| ___ | ___ | Hepatitis         | ___ | ___ | Hyperactive           |
| ___ | ___ | Chicken Pox       | ___ | ___ | Other: _____          |

**Circle if applicable:**

**Heart:**      Rheumatic      Frequent infection      Valve Problem      Murmur

**Ear(s):**      Hearing Aid      Frequent infections      Other: \_\_\_\_\_

**General:**      Appendix      Bladder      Other: \_\_\_\_\_



## Emergency Contact Information

Other persons to notify in case of illness, emergency and permitted to pick up child (other than parents). State regulations require a minimum of two (2) contacts to allow child's attendance.

1. Name \_\_\_\_\_ Address \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_ Relation \_\_\_\_\_  
Cell Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Address \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_ Relation \_\_\_\_\_  
Cell Phone \_\_\_\_\_

3. Name \_\_\_\_\_ Address \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_ Relation \_\_\_\_\_  
Cell Phone \_\_\_\_\_

4. Name \_\_\_\_\_ Address \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_ Relation \_\_\_\_\_  
Cell Phone \_\_\_\_\_

## Family Enrollment Agreement

We as a family will. . .

- Ensure that my child attends school at least 95% of the time (9 absences or less per year). Our school day begins at 8:00 a.m. and ends at 3:00 p.m. Monday through Thursday, and at 12:00 noon on Friday, with the exception of the holidays and recesses indicated on the School Calendar;
- Make sure my child is not tardy to school and stays in school until school is dismissed every day;
- Comply with the school's early drop-off/late pick-up rule, and we understand if my child arrives more than 15 minutes early (before 7:45 a.m.) and/or is picked up more than 15 minutes late (after 3:15 p.m.) a fee of \$5.00 for every 10-minute period will be charged, due to additional supervision required.
- Support the school discipline policy as described in the Parent/Student Handbook;
- Attend school conferences;
- Communicate with the school about my child's progress;
- Support classroom homework policies;
- Read with my child at least 15 minutes daily;
- Support the mission and vision of Cross of Hope Lutheran Elementary School;
- Understand that a weekly chapel service, memorizing parts of the Bible, Christian Studies curriculum, and a Christian environment is an integral part of the school;
- Agree that if there are any concerns with the school, we will attempt to resolve them through appropriate channels one step at a time: talking to the teacher, then the principal and finally through the principal to the COHLES Board of Management. If for any reason we are unable to find resolution, it may be in the best interest of all parties that the school withdraws the child so that the situation remains manageable;
- Understand that all new students are on a thirty day probationary period to determine if the school fits the needs of the child;
- Agree as a condition of enrollment to pay the tuition and fees. We understand that these fees are due and payable in order for our child to remain in the school. We also understand that a thirty (30) day written notice or one month's tuition is required for withdrawal or disenrollment of my child, and that book and supply fees for the following year are not refundable after the last day of the current school year; and
- Understand that tuition may be paid in full by the last day of the current school year to receive a discount. COHLES has a monthly payment program that is processed through FACTS Tuition Management Company and requires automatic withdrawal from a checking or savings account. Withdrawals are divided into ten (10) monthly installments, the first of which is on July 5<sup>th</sup> and every 5<sup>th</sup> day of the month thereafter through April 5<sup>th</sup>. FACTS charges a non-refundable enrollment fee which is automatically deducted from the bank account when the payment agreement form is received.

\_\_\_\_\_  
Printed Name of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

**Person financially responsible for student's tuition and fees, if different than parents:**

Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Work Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

## Permission Agreement

### 1. EMERGENCY AGREEMENT

I (we) grant permission for authorized school personnel to take whatever steps necessary to obtain medical care if warranted. These steps may include, but are not limited to:

1. Attempt to contact parent or guardian.
2. Attempt to contact you through any of the persons listed on the Emergency Contact Information form included in this application.
3. If the school cannot contact you, the school may do any of the following:
  - a) call 911, b) call an ambulance, c) have the child taken to an emergency hospital.
4. Expenses are not covered by the school's insurance policy and costs may be incurred by the family. Your insurance company name, address and number should be listed on the Emergency Contact Information form.
5. The school is not responsible for anything that may happen as a result of false information given at the time of enrollment or if you do not keep the school updated on changes.

\_\_\_\_\_  
Parent's Printed Name

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

### 2. PHOTO AGREEMENT

I grant permission for my child to be included in any photos the school may use for school newsletters, brochures, bulletin boards, school web site, etc.

\_\_\_\_\_  
Parent's Printed Name

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

### 3. COHLES COMMUNITY DIRECTORY

I grant permission for my child's name, address and phone number to be included in a parent directory that will be given to all class members.

\_\_\_\_\_  
Parent's Printed Name

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

## Educational Commitment

|   | Very Sure                | Somewhat Sure            | Not Sure                 |
|---|--------------------------|--------------------------|--------------------------|
| 1. All children in our family will attend COHLES.                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. We plan to have our student(s) continue at COHLES through 5 <sup>th</sup> grade. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_