SCHOOL APPLICATION FOR ENROLLMENT

Prince of Peace Anaheim 2026-2027

Student Name:	
Grade Enrolling In:	
Date of Birth:	
New or Returning Student:	

- **New Students must provide a copy of their birth certificate and updated immunization records upon enrollment before starting school.**
- **Incoming 7th graders must provide a copy of their updated immunization records upon enrollment before starting school.**

How did you hear about us?

☐ Website ☐ Social Media ☐ Friends/Families

☐ Advertisement ☐ Local Fairs

☐ Prince of Peace "Buddy Program": _____

☐ Other: _____

OFFICE USE ONLY

REGISTRATION FEE:
Early Bird Date: _____
Regular Date: _____

TUITION PLAN: $_____ LumpSum/Monthly 5th/20th Blackbaud Tuition Form Turned in: _____

IMMUNIZATION RECORDS: Yes / No Date: _____/_____/_____

TRANSFERRING NEW STUDENT : Requested transcripts School:_____ & Date: _____/_____/_____

ENTERED INTO CLASS ROSTER SHEET: Date: _____/_____/_____

ENTERED INTO GRADELINK: Date: _____/_____/_____

EMERGENCEY FORM ENTEREND INTO BINDER: Date: _____/_____/_____

ENTERED INTO PTAL SERVICE BOOK: Date _____/_____/_____

PLEASE FILL OUT, SIGN AND RETURN TO THE SCHOOL OFFICE. THANK YOU.

STUDENT INFORMATION

Student's Legal Last Name:	
Student's Legal First Name:	
Middle Name/Initial:	
Date of Birth:	
School Previously Attended:	

GENDER:

☐ Male ☐ Female

ETHNICITY:

☐ Hispanic ☐ Caucasian ☐ Black ☐ Asian ☐ Other_____

SIBLING INFORMATION:

1.	Name:	Age:	3.	Name:	Age:
2.	Name:	Age:	4.	Name:	Age:

STUDENT'S CHURCH:

Name: _____

Denomination: _____

Current Member: ☐ Yes ☐ No

Baptized: ☐ Yes ☐ No Date:_____

WHY HAVE YOU SELECTED PRINCE OF PEACE?

The following is a list of the 9 most common reasons why people choose to enroll their children in a Christian school. Please rank the top 3 in order from 1 (most important) to 3 (least important) as they apply to you personally:

☐ High Academics ☐ Spiritual Development ☐ Good Work Habits

☐ Extended School Care ☐ Social Development ☐ Extracurricular Activities

☐ Self-esteem Development ☐ Safe Environment ☐ Technology

☐ Moral development ☐ Other: _____

PLEASE FILL OUT, SIGN AND RETURN TO THE SCHOOL OFFICE. THANK YOU.

EMERGENCY FORM

Student's Legal Last Name:	
Student's Legal First Name:	
Middle Name/Initial:	
Date of Birth:	

STUDENT HOUSEHOLD:

☐ Both Parents ☐ Mother ☐ Father ☐ Stepmother ☐ Stepfather ☐ Grandma ☐ Grandpa

☐ Legal Guardian *(Please specify relation)* _____

EMERGENCY CONTACTS: (Parents will automatically be notified)
I authorize Prince of Peace Lutheran Church and School to contact any of the following people in case of emergency. Please select either Y or N if contact has permission to pick up your child from school.

Name	Relation	Phone #	Cell #	Work #	Pick-Up
					Y / N
					Y / N
					Y / N
					Y / N

OUT OF STATE CONTACT: *(for use in case of state-wide emergency)*

Name	Relation	Phone #	Cell #	Work #

I understand that if my child has an emergency they will be taken to the closest emergency room to Prince of Peace. I will pay physician's fees not covered by insurance. If necessary, I authorize emergency treatment by any certified paramedic, licensed physician and or hospital. Emergency contacts will be notified by Prince of Peace.

_____/____/_____ _____/____/_____

Parent/Guardian Signature (Required) | Date (Required) | Parent/Guardian Signature (Required) | Date (Required)

PLEASE FILL OUT, SIGN AND RETURN TO THE SCHOOL OFFICE. THANK YOU.

STUDENT HEALTH INFORMATION

ALLERGIES - Please provide an EpiPen/Inhaler/Medication/Etc. to the school office if needed, along with medication release form. Separate forms must be submitted for each medication.

- ☐ Peanut Allergy _____
- ☐ Bee Allergy _____
- ☐ Food Allergy _____
- ☐ Medicine Allergy _____
- ☐ Other *(specify)* _____

HEALTH NEEDS:

_____
_____
_____

SPECIAL LEARNING NEEDS:

_____
_____
_____

BEHAVIORAL NEEDS:

_____
_____
_____

MEDICAL INFORMATION

Family Physician: _____ Phone: _____

Hospital: _____ Phone: _____

Family Dentist: _____ Phone: _____

PLEASE FILL OUT, SIGN AND RETURN TO THE SCHOOL OFFICE. THANK YOU.

PARENT INFORMATION

1. PARENT/ LEGAL GUARDIAN

☐ Married ☐ Single ☐ Divorced ☐ Guardian

Please attach legal forms pertaining to custody, legal guardianship, visitation, restraining orders, etc. If needed.

First & Last Name: _____ Relationship to Student: _____

Address: _____
(Street) (City, State) (Zipcode)

Home Phone: _____ Cell Phone: _____

Email Address: _____ ☐ Send P.O.P. Emails to this address

WORK INFORMATION

Occupation: _____ Employer: : _____

Business : _____ Business Email: _____

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2. PARENT/ LEGAL GUARDIAN

☐ Married ☐ Single ☐ Divorced ☐ Guardian

Please attach legal forms pertaining to custody, legal guardianship, visitation, restraining orders, etc. If needed.

First & Last Name: _____ Relationship to Student: _____

Address: _____
(Street) (City, State) (Zipcode)

Home Phone: _____ Cell Phone: _____

Email Address: _____ ☐ Send P.O.P. Emails to this address

WORK INFORMATION

Occupation: _____ Employer: : _____

Business : _____ Business Email: _____

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MEDIA AND PHOTOGRAPHY CONSENT
2026 -2027

I, _____ (Parent/Legal Guardian's Name), understand and acknowledge that Prince of Peace Lutheran Church and School may take recordings (including but not limited to photographs, video, audio, digital or otherwise, etc.) during events and activities which may include my child, _____ (Child's Name) (hereinafter, "Child").

Please check the appropriate boxes to indicate your consent:

☐ I,_____(Parent/Legal Guardian's Name), understand and acknowledge Prince of Peace Lutheran Church and School may take recordings (including but not limited to photographs, video, audio, digital or otherwise, etc.) during events and activities which may include my Child, _____ (Child's Name), (individually or in the company of others), and have no objection to such. Prince of Peace Lutheran Church and School may use these recordings for promotional purposes, including but not limited to online and print advertising materials, newsletters, etc. No monetary compensation will be made for usage of the recordings. It is understood that any such recordings will be done only with the permission of and under the supervision of Prince of Peace Lutheran Church and School staff and/or administration.

If any child does not have permission to be recorded, Prince of Peace Church and School to the best of its ability and will not, intentionally post recordings to any Prince of Peace Lutheran Church and School publication.

By signing this, I acknowledge that I am the legal guardian of _____ (Child's Name).

By signing below, I acknowledge that I have read, understood, and agree to the terms contained in this Image/Audio Permission Release Form.

Parent/Legal Guardian's Name (please print_____Date: _____

Parent/Legal Guardian's Signature: _____

☐ ***I DO NOT GIVE PERMISSION.*** I do not wish for my child's image or likeness to be included or shared in any school or church photograph, interview, video, post or advertisement. I am aware this may affect my child's ability to participate in filmed or photographed activities including but not limited to, field trip group photos, after school event photos, certain vacation bible school activities, and/or other portions of extracurricular activities involving photo or video elements.

Parent/Legal Guardian's Name (please print)_____Date: _____

Parent/Legal Guardian's Signature: _____

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PARENT RELEASE FOR THE ADMINISTRATION OF MEDICATION DURING SCHOOL HOURS
2026-2027

Student_____Birthdate____/_____/_____ Grade_____

We, the undersigned, request that a member of the school staff administer to our child the medication prescribed according to the instructions given to us, by our physician:

_____
(*Doctor Name and Office Number*)

*We will file any new medication instructions immediately if the medication or dosage is changed.

1. **Any medication that must be given on a daily basis for a long period of time will require a doctor's letter with a signature.**
2. Physical condition for which drug is given: (If allergic in nature, please specify what type of reaction and indicate in detail those visible symptoms which would give rise to the necessity of administering the medication.)

   _____

   _____
3. Medication: _____
4. Dosage and method of administration: _____
5. Possible reaction that should be reported to the physician:

   _____

   _____
6. Therefore, the above medication cannot be scheduled for other than during school hours and such medication may be administered by medically untrained school personnel whenever necessary.

   Medication to be continued as above until: Date_____

   _____/_____/_____
   Parent/Guardian Signature Date

Phone: _____Email: _____

PLEASE FILL OUT, SIGN AND RETURN TO THE SCHOOL OFFICE. THANK YOU.

PARENT PARTICIPATION PROGRAM 2026-2027

Parents are essential in the process of Christian education. Without your dedicated effort, a quality job of education cannot be accomplished. Therefore, Prince of Peace needs all parents (other family members are welcome) to be involved in the Parent Participation Program. ***Each family must donate 40 hours of service per school year at the school or church through one or more of the following ways. Failure to complete the 40 hours will result in a fee of $15.00 per hour not completed.***

The category of involvement I/we have chosen:

____ Room Parent for ____ (classroom)

In order to receive **40 service hours**, room parents must meet the following expectations: Collaborate with the teacher to determine needs of the classroom at the beginning of the year. Coordinate door decorating and other activities for teacher appreciation week in May. Co-chair at least one event for the school during the year. Request volunteers and/or supplies for events from parents as needed throughout the year. Communicate in a timely manner with parents. Attend PTAL meetings.

Volunteer to be contacted to help with one or more of the following events:

☐ **Trunk or Treat**
Order catering. Decorate. Coordinate music and activities. Solicit candy donations. Organize cars for trunk decorations.

☐ **Santa's Shop**
Coordinate with the company to deliver items. Set up. Volunteer during the event. Take down.

☐ **Grandparent's Day**
Coordinate donations of treats as well as set up and take down for event.

☐ **See's Candy Fundraiser**
Prepare and distribute fundraiser materials. Collaborate with the Office manager to collect order forms. Tally orders and count money. Place order with See's Candy Store. Pick up candy. Sort orders.

☐ **Special Events and Fundraiser Nights**
Organize equipment. Set up and tear down tables/decorations. Order and/or serve pizza/food.

☐ **Teacher Appreciation Week**
Coordinate theme. Decorate. Set up/order food items. Clean up.

☐ **Water Play Day**
Order water slides. Facilitate food and beverages. Set up/clean up.

☐ **Family Service Day**
A day designated to the betterment and beautification of our campus.

We the parents of: _____ have read and understand the "Parents Participation Program" and our responsibilities to Prince of Peace Lutheran Church and School.

_____/_____/_____
Parent/Guardian Signature Date

*Donations of $15.00 may be used in exchange for 1 service hour, up to 20 hours.

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