

Family Information

Other Children in the Family:

Name _____ Present Grade and School _____

Name _____ Present Grade and School _____

Name _____ Present Grade and School _____

Paternal Grandparents: _____

Address _____ Phone _____

Maternal Grandparents: _____

Address _____ Phone _____

Relatives or Close Friends Who Are Mount Olive Alumni, Present Students, Trustees, or Faculty:

Name _____ Years Attended _____

Name _____ Years Attended _____

Name _____ Years Attended _____

Application for Admission

I hereby make application for admission of my child named above to enter _____ grade at Mount Olive Lutheran School for the _____ academic year. I understand that this application will permit the school to examine the scholastic record of my child, and it will in no way obligate me to the school or the school to me.

Parents' or Guardians' Signatures:

Signature Date Signature Date

Please Return This Completed Form To:

Principal
Mount Olive Lutheran School
5625 Franklin Ave
Des Moines, IA 50310

5625 Franklin Ave, Des Moines, Iowa 50310 • 515-277-0247 • www.molcs.org



MOUNT OLIVE LUTHERAN SCHOOL

5625 Franklin Ave, Des Moines, Iowa 50310 • 515-277-0247 • www.molcs.org

Application for Admission

Student Information

Student's Name _____
First Middle Last

Preferred Name or Nickname _____ Birthplace _____

Birthdate _____ Baptismal Birthdate _____
Month Day Year Month Day Year

Social Security # _____ Gender: Male _____ Female _____

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Home Email _____

Home Church _____

Student Academic Information

Present School _____ Years Attended _____ Current Grade _____

School Address _____ City _____ State _____ Zip _____

School Phone _____ Principal/School Head _____

Former School _____ Grades Attended _____

School Address _____ City _____ State _____ Zip _____

School Phone _____ Principal/School Head _____

Has the student skipped a grade? _____ Yes _____ No If yes, which one _____

Has the student repeated a grade? _____ Yes _____ No If yes, which one _____

Has the student participated in a gifted program? _____ Yes _____ No If yes, at what grade level _____

Has the student participated in a special learning program? _____ Yes _____ No

Has the student experienced learning difficulties in reading? _____ Yes _____ No

Has the student experienced learning difficulties in math? _____ Yes _____ No

Has the student experienced any discipline problems? _____ Yes _____ No

Has the student ever been suspended? _____ Yes _____ No

Is the student currently on medication? _____ Yes _____ No If yes, please explain _____

Is the student bilingual? _____ Yes _____ No If yes, what second language _____

Student Academic Information Continued

Does the student have any special needs? Yes No If yes, please describe them _____

Has academic ability or learning style assessment been done for your child outside the normal testing done in school? Yes No If yes, please indicate the date, give a brief description of the testing, and indicate where the test results are available. _____

What special academic abilities has the student demonstrated? _____

Please supply one academic reference who can speak to the learning profile of the student.

Name	Relationship to the Student
Contact Address and Phone Number	

Please use this space to add to your child's academic profile. Indicate strengths, special talents and passions.

Purposes For Application

Please comment on the reasons you are investigating Mount Olive Lutheran School as an educational option: *(Your response to the following question will help Mount Olive Lutheran School determine if its program can best serve the needs of the student).*

How were you referred to Mount Olive Lutheran School?

Friend Reputation Website Phonebook Open House Education Consultant
Mt. Olive School Community Member _____
Name

Parent Information

Father's Full Name _____
First Middle Last

Mother's Full Name _____
First Middle Last

Home Address (If Different from Student)

Home Address (If Different from Student)

Home Phone _____

Home Phone _____

Business/Employer _____

Business/Employer _____

Occupation/Position _____

Occupation/Position _____

Business Address _____

Business Address _____

Business Phone _____ Ext. _____

Business Phone _____ Ext. _____

Email _____

Email _____

Cell Phone _____

Cell Phone _____

Check If Appropriate:

Father Deceased Parents Separated Father Remarried Joint Custody **
 Mother Deceased Parents Divorced Mother Remarried Sole Custody **

** Documentation of Custody Agreements is Required

If father is remarried, stepmother's information

If mother is remarried, stepfather's information

Name _____

Name _____

Home Address _____

Home Address _____

Home Phone _____

Home Phone _____

With whom does the student live? _____

Financial responsibility will be assumed by _____

Do you intend to apply for financial aid? Yes No

MT. OLIVE LUTHERAN SCHOOL TECHNOLOGY ETHICAL USE POLICY

The use of technology at Mt. Olive Lutheran School is a privilege, not a right.

TECHNOLOGY IN GENERAL

1. Use all technology for the purpose of learning;
2. Use all technology only under the direct supervision of the designated adult;
3. Treat all equipment with care and respect;
4. Use the proper etiquette specific to the medium;
5. Follow all guidelines set up by the instructor.

Students will not:

1. Send or display offensive messages or pictures
2. Use obscene or threatening language
3. Harass, insult or attack others
4. Damage computers, computer systems or computer networks
5. Violate copyright laws trespass in others' folders, work or files
6. Students will not access personal e-mail unless it is related to an *in class* assignment.

If a student chooses to violate these guidelines, the consequences may include but are not limited to:

1. Loss of privilege for a specific amount of time, not to exclude the entire school year;
2. Make restitution for any and all damages
3. Law enforcement agencies may be involved, when applicable.
4. Compliance with the Mt. Olive Discipline Policy.

INTERNET -- TERMS AND CONDITIONS OF USE

1. **ACCEPTABLE STUDENT USE** – The purpose of the networks making up the internet is to support research and education in and among academic institutions by providing access to resources and the opportunity for collaborative work. The use of your account must be in support of education and research consistent with the values of Mt. Olive Lutheran School. Transmission of any material in violation of any national or state regulation is prohibited. This includes, but is not limited to the following:

Students who use the Internet at Mt. Olive Lutheran School must abide by the provisions contained in this policy and must conduct themselves in a manner that is consistent with the mission of Mt. Olive Lutheran School. Any student whose internet use violates provisions will, in addition to losing her or his privilege to use the internet, be subject to discipline up to and including suspension or expulsion from school. When applicable, law enforcement agencies may be involved.

An industrious user may discover information that could be considered unreliable, controversial and/or offensive. We firmly believe that the valuable information and interaction available on this worldwide network far outweigh the possibility that users may procure material that is not consistent with the educational goals of Mt. Olive Lutheran School.

2. **ADHERENCE TO INTELLECTUAL PROPERTY LAWS** – Use of the system to copy, use or distribute software, publications, or other data and materials in violation of copyright, trademark, patent or other intellectual property laws are strictly prohibited. Students are advised that they can be held personally liable should they violate state or federal laws in this regard.
3. **NETWORK ETIQUETTE** – You are expected to abide by the generally accepted rules of network etiquette. These include (but are not limited to) the following:
 - a. Use appropriate language. Do not swear, use vulgarities, or any other inappropriate language.
 - b. Be polite. Do not write or send abusive messages to others.
 - c. Do not reveal personal names, addresses or phone numbers (yours or anyone else's).

- d. Note that e-mail is not guaranteed to be private. People who operate the system do have access to all mail. Messages related to or in support of illegal activities may be reported to the authorities.
- e. Do not use the network in such a way that you would disrupt the use of the network by other users.
- f. Do not arrange to physically meet anyone you have contact with over the internet without parent supervision.

IF A MOUNT OLIVE LUTHERAN SCHOOL USER VIOLATES ANY OF THESE PROVISIONS, HIS OR HER ACCOUNT WILL BE TERMINATED AND FUTURE ACCESS MAY BE DENIED.

PLEASE SIGN ONE COPY AND RETURN – Retain other for your files.

Student Agreement

I have read, or had explained to me, the Mt. Olive Lutheran School Technology Ethical Use Policy. I agree to follow the policy while using technology and accessing the Internet at Mt. Olive. I understand that using Mt. Olive Lutheran School's computers and access to the Internet is only for school related educational purposes. I also understand that the use of these items is a privilege which can be revoked by my teacher if I do not follow the acceptable use guidelines.

Student Name _____

Signature _____ Date _____

Parent/Guardian Agreement

I have read, understand, and agree to abide by the Guidelines for Use of Computers, Internet Access, and Distance Learning Tools for Mt. Olive Lutheran School. I give my consent for the above student to have access to Mt. Olive Lutheran School computers, Internet access, and distance learning tools. I understand that I accept responsibility for the supervision of student technology use when it is not in a school setting.

Parent Name _____

Signature _____ Date _____

MEDICAL RECORD FORM

Name _____

Parent/Guardian Name _____

Address _____

Family Doctor _____

Birthdate _____ Sex: M F

Medicine taken regularly _____

HISTORY

Conditions that would have an effect on school performance (such as allergies, asthma, congenital heart, defects, etc.)

Age of walking _____ Age of talking _____

DISEASE RECORD

Date

Allergies _____

Chicken Pox _____

Diphtheria _____

German Measles _____

Hepatitis _____

Measles _____

Meningitis _____

Mumps _____

Pneumonia _____

Poliomyelitis _____

Rheumatic Fever _____

Scarlet Fever _____

Small Pox _____

Whooping Cough _____

Operations _____

Injuries _____

IMMUNIZATION RECORD

ORIGINAL

BOOSTER

BOOSTER

DPT _____

Whooping Cough _____

Diphtheria _____

Tetanus _____

Small Pox _____

Measles _____

Poliomyelitis:

Salk Vaccine _____

Sabin Oral _____

Typhoid _____

TESTS

DATE

POSITIVE

NEGATIVE

Tuberculin _____

(Mantoux, Heaf, Tine, Others)

Others _____

PHYSICAL EXAMINATION

General Appearance: _____ Height _____ Weight _____

Posture _____

Skin _____

Eyes () Need for further evaluation – yes or no

Ears () Comments _____

Tonsils and Glands _____

Heart and Lungs _____

Abdomen _____

Genitals _____

Feet _____

Urinalysis _____

Blood Count _____

Blood Pressure _____

RECOMMENDATIONS

These questions should be answered indicating whether or not in your opinion the child needs medical or dental care.

Remarks _____

Medical Care _____

Dental Care _____

Description of abnormalities or handicaps. Specific recommendations by physician _____

Examining Physician _____

Date _____

Mount Olive Lutheran School / Little Lambs Preschool
5625 Franklin Avenue
Des Moines IA 50310-1099

NOTE: THIS CONTRACT MUST BE COMPLETED, SIGNED AND RETURNED TO MOUNT OLIVE LUTHERAN SCHOOL / Little Lambs Preschool WITH ACADEMIC FEES AT SCHOOL REGISTRATION.

PARENT (or Guardian) NAME: _____

ADDRESS: _____
Street City State Zip

TELEPHONE NUMBER: _____ HOME CHURCH: _____

By resolution of the Board of Christian Education of Mount Olive Lutheran Church,
the following statements are designed to be the
CONDITIONS FOR ADMISSION

By signing my name to this document, I acknowledge that I am the parent or legal guardian of the following student(s) for whom I have requested admission into Mount Olive Lutheran School /Little Lambs Preschool for the 2012/2013 school year.

(Last Name) (First) (Middle)

STUDENT(S)' NAME(S)

In consideration of such admission, I agree to the conditions governing admission and attendance at the School as stated below:

1. I agree to pay tuition charges and fees established by the School administration for the current year, as stated in Exhibit A of this Contract, which Exhibit is incorporated as part of this contract.
2. I agree to make tuition and fee payments to Mount Olive Lutheran School/Little Lambs Preschool on or before the scheduled dates as set forth in Exhibit A. In the event that I fail to make such tuition and fee payments as agreed, I acknowledge that the School will enforce any or all of the following penalties:

THE SCHOOL MAY

- a. Suspend the right of the student(s) named herein to receive report card pending payment to the School of delinquent fees.
- b. Permanently terminate the attendance of any student, at its sole option, when payment of fees is in arrears by an amount which is 20% of the year rate (two tuition payments) and has not been received by the School within 5 school days after the mailing of a request for payment to the parent at the address given in the Contract for Admission.

3. As condition of continued attendance at the School each student and the parents are required to acquaint themselves with the School regulations and to observe them. Each student upon admission is given a Handbook containing comprehensive information about School facilities, programs, and activities. The handbook also contains basic School regulations concerning attendance, dress, punctuality, conduct, school property, and other matters pertaining to the orderly functioning of the School. From time to time School administration may issue bulletins to students and/or parents covering new regulations or amendment of existing regulations adopted by the Education Committee.

I understand that breaches of School regulations by students are subject to disciplinary action by the School and that serious violations of the regulations or other serious misconduct can result in expulsion from the school.

EXHIBIT A - Schedule of Tuition, Fees, Charges, and Due Dates

1. TUITION - The annual tuition for the school year August, 2012 - June, 2013.

+ _____
+ _____
+ _____

Tuition is payable in ten (10) equal installments of ten percent (10%) of the yearly total. Each installment is due on or before the 1st of each month, beginning with the first payment at the time of registration. The tenth and final payment is due on or before May 1, 2013

- . Tuition not paid by the 20th of the month will be assessed a \$10.00 late charge. A \$10.00 charge is also assessed for each check not honored by the bank.

IN THE EVENT OF TERMINATION OF ENROLLMENT, INITIATED BY EITHER THE SCHOOL OR PARENTS, FOR WHATEVER REASON, TUITION IS NOT REFUNDABLE.

2. REGISTRATION FEE – An Academic Fee and Registration Fee is charged each student as follows:

* + _____
* + _____
* + _____

* These fees are due on or before the date of registration.
+ These fees are not refundable in the event the student does not attend Mount Olive School or terminates attendance for any reason.

3. **SUMMARY - I agree to pay the tuition, fees, and charges scheduled herein on or before the due date and to abide by the terms and conditions of the Parent’s Contract for Admission of Students into which Exhibit A is hereby incorporated.**

SIGNED: _____ **DATE** _____
(Parent or guardian)



5625 Franklin Ave. Des Moines, Iowa 50310 * Phone (515)277-0247* Fax (515)274-2723

“Growing in Faith as Disciples of Jesus”

Photo Release for 2012-2013

Throughout the year, Mount Olive Lutheran School includes photographs of individual students or student group activities in its promotional and informational publication, on the church website, and occasionally video presentations.

Mount Olive Lutheran School also works with area newspapers and television stations on news and feature stories of interest. These media outlets may photograph or videotape students involved in school or church related activities. Occasionally, other entities, such as the Iowa District West-LCMS office or other local, state, and national organizations may contact us and ask for pictures to use in various formats. NOTE: Students are identified by first name only in photo identification on the Internet.

Please indicate your desire for the use of your child’s picture below. Complete blanks and check appropriate box.

Student Name _____ Grade _____

- No**, do not use my child’s photograph for any publication of any type.
- Yes**, I grant permission for my child’s photograph to be used for ANY school publication, church publication, news media usage, or on the Internet during the 2012-2013 school year.

Signature of parent or guardian _____

Relationship _____

Date _____



Iowa Department of Public Health CERTIFICATE OF DENTAL SCREENING

**This certificate is not valid unless all fields are complete.
When complete, return to child's school.**

A designee of the local board of health or Iowa Department of Public Health may review this certificate for survey purposes.

Parent or Guardian Section (please print)

Student's Last Name:	Student's First Name:	Birth Date (M/D/YYYY):
Parent or Guardian Name:		Telephone (home): (mobile):
Address: Street	City:	County:
Name of School:	Grade Level:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

Health Care Provider Section

Treatment Needs (check ONE):

- No Obvious Problems** – the child's hard and soft tissues appear to be visually healthy and there is no apparent reason for the child to be seen before the next routine dental checkup.
- Requires Dental Care** – tooth decay* or a white spot lesion** is suspected in one or more teeth.
- Requires Urgent Dental Care** – obvious tooth decay* is present in one or more teeth, the child is experiencing pain, or there is evidence of infection or injury.

* Tooth decay: A visible cavity or hole in a tooth with brown or black coloration, or a retained root.

** White spot lesion: A demineralized area of a tooth, usually appearing as a chalky, white spot or white line near the gumline. A white spot lesion is considered an early indicator of tooth decay, especially in primary teeth.

Date of Dental Screening: _____

Provider Type:

DDS RDH MD/DO PA RN/ARNP (High school screening can only be provided by DDS or RDH)

Provider Name: _____ Provider Signature: _____
(please print)

Business Address: _____

Business Phone: _____

A screening does not replace an exam by a dentist.
Children should have a complete examination by a dentist at least once a year.

Mount Olive Lutheran School Emergency Information Card

(One for each student)

Grade _____

Please complete both sides!

Teacher _____

Student's Name _____

Sex M F

Address _____

Home Phone _____

City _____ State _____ Zip _____

Birthdate _____

WHERE CAN PARENTS BE REACHED DURING THE SCHOOL DAY

Mother's Name _____ Work Phone _____
Place & Address _____ Cell Phone _____

Father's Name _____ Work Phone _____
Place & Address _____ Cell Phone _____

Please list allergies, chronic illnesses or other conditions requiring immediate notification or treatment by physician or hospital _____

Mount Olive Lutheran School Emergency Information Card

(One for each student)

Grade _____

Please complete both sides!

Teacher _____

Student's Name _____

Sex M F

Address _____

Home Phone _____

City _____ State _____ Zip _____

Birthdate _____

WHERE CAN PARENTS BE REACHED DURING THE SCHOOL DAY

Mother's Name _____ Work Phone _____
Place & Address _____ Cell Phone _____

Father's Name _____ Work Phone _____
Place & Address _____ Cell Phone _____

Please list allergies, chronic illnesses or other conditions requiring immediate notification or treatment by physician or hospital _____

EMERGENCY TREATMENT RELEASE FORM FOR MINORS

As a parent and/or guardian, I do herewith authorize the treatment by a qualified and licensed physician of the following minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger the minor's life, cause disfigurement, physical impairment or undue discomfort if delayed. I also agree to pay all the costs and fees contingent on any emergency medical care and/or treatment for my child as secured and authorized under this consent.

Name of Minor _____

Relationship _____

Date or dates when release is valid _____

Hospital Preferred _____

Local Physician's Name _____

Office Phone _____

Physician's Office Address _____

Dentist's Name and Address _____

This release form is completed and signed of my own free will and with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Signed _____

Phone _____

Address _____

e-mail _____

Two neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached.

1. Name _____
Address _____
Phone _____

2. Name _____
Address _____
Phone _____

EMERGENCY TREATMENT RELEASE FORM FOR MINORS

As a parent and/or guardian, I do herewith authorize the treatment by a qualified and licensed physician of the following minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger the minor's life, cause disfigurement, physical impairment or undue discomfort if delayed. I also agree to pay all the costs and fees contingent on any emergency medical care and/or treatment for my child as secured and authorized under this consent.

Name of Minor _____

Relationship _____

Date or dates when release is valid _____

Hospital Preferred _____

Local Physician's Name _____

Office Phone _____

Physician's Office Address _____

Dentist's Name and Address _____

This release form is completed and signed of my own free will and with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Signed _____

Phone _____

Address _____

e-mail _____

Two neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached.

1. Name _____
Address _____
Phone _____

2. Name _____
Address _____
Phone _____



5625 Franklin Ave. Des Moines, Iowa 50310 * Phone (515)277-8349* Fax (515)274-2723

“Growing in Faith as Disciples of Jesus”

REQUEST FOR RECORDS

Student's Name

Birth Date

has enrolled as a student at Mount Olive Lutheran School.

Please send the following:

_____ **Transcript of grades**

_____ **Attendance Records**

_____ **Test Scores**

_____ **Psychological Tests**

_____ **Health Records**

_____ **Any other material available to insure proper placement**

I hereby grant permission for _____ **School**

Address _____

City/State/Zip _____

To release the school records of:

_____ **to the above named school.**

Name of Student

Parent's Signature

Date

PHYSICAL EXAMINATION RECORD (To be completed by a licensed medical professional as designated in Article VII 36.14(1). *This evaluation is only to determine readiness for sports participation. It should NOT be used as a substitute for regular health maintenance examinations.*)

Athlete's Name _____ Height _____ Weight _____

Pulse _____ Blood Pressure _____ / _____ (Repeat, if abnormal _____ / _____) Vision R 20/ _____ L 20/ _____

	NORMAL	ABNORMAL FINDINGS	INITIALS
1. Appearance (esp. Marfan's)			
2. Eyes/Ears/Nose/Throat			
3. Pupil Size (Equal/Unequal)			
4. Mouth & Teeth			
5. Neck			
6. Lymph Nodes			
7. Heart (Standing & Lying)			
8. Pulses (esp. femoral)			
9. Chest & Lungs			
10. Abdomen			
11. Skin			
12. Genitals - Hernia			
13. Musculoskeletal - ROM, strength, etc. (See questions 26-30)			
14. Neurological			

Comments regarding abnormal findings: _____

LICENSED MEDICAL PROFESSIONAL'S ATHLETIC PARTICIPATION RECOMMENDATIONS

FULL & UNLIMITED PARTICIPATION

LIMITED PARTICIPATION - May **NOT** participate in the following (checked):

Baseball Basketball Bowling Cross Country Football Golf Soccer
 Softball Swimming Tennis Track Volleyball Wrestling

CLEARANCE PENDING DOCUMENTED FOLLOW UP OF

NOT CLEARED FOR ATHLETIC PARTICIPATION DUE TO

Licensed Medical Professional's Name (Printed) _____ Date _____

Licensed Medical Professional's Signature _____ Phone _____

PARENT'S OR GUARDIAN'S PERMISSION AND RELEASE

I hereby **verify** the accuracy of the information on the opposite side of this form and **give my consent** for the above named student to engage in approved athletic activities as a representative of his/her school, except those activities indicated above by the licensed professional. I also **give my permission** for the team's physician, certified athletic trainer, or other qualified personnel to give first aid treatment to my son or daughter at an athletic event in case of injury.

Name of Parent or Guardian (Printed) _____ Signature of Parent of Guardian _____

Address (Street/PO Box, City, State, Zip) _____ Phone Number _____

This form has been developed with the assistance of the Committee on Sports Medicine of the Iowa Medical Society and has been approved for use by the Iowa Department of Education, Iowa High School Athletic Association, and Iowa Girls High School Athletic Union. Schools are encouraged NOT to change this form from its published format. Additional school forms can certainly be attached to it.