



REGISTRATION FORM

2017-2018

ST. PAUL LUTHERAN SCHOOL

STUDENT INFORMATION

Grade: _____ (New Student: _____) (Returning Student: _____)

Student's Full Name: _____

Permanent Address: _____

City/State/Zip: _____

School District Student Resides In: _____

Phone: () _____ Sex: _____ DOB: ____ / ____ / ____

Social Security #: _____ / _____ / _____ Birthplace: _____

PARENT INFORMATION

Father's Name: _____

Same Address: _____ If no, _____

Mother's Name: _____

Same Address: _____ If no, _____

Student lives with: Both parents: _____ Mother: _____ Father: _____ Other: _____

Father's Employer: _____ Phone #: () _____

Address: _____ Cell/Pager: () _____

Mother's Employer: _____ Phone #: () _____

Address: _____ Cell/Pager: () _____

Email Address: _____

Name of Church Attending: _____

Is Child Baptized: _____ Where and when: _____

Doctor: _____ Dentist: _____ Hospital of choice: _____

Health Insurance Co: _____

Name of Policy Holder: _____

LIST ANY SPECIAL INSTRUCTIONS REGARDING MEDICAL PROBLEMS, ALLERGIES,
MEDICATIONS, ETC. _____

School District of Residence: _____

Last School Attended: _____ City/State _____

Has your child ever been: Retained: _____ Expelled: _____ Suspended: _____

If yes, please describe: _____

Names & ages of other children in the home: _____

EMERGENCY & PICK UP INFORMATION

The following persons may act on our behalf if the parents cannot be reached:

Name	Relationship to Student(s)	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____

The following individuals may pick up my children from school.

Name	Relationship to Student(s)	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____

ST. PAUL LUTHERAN SCHOOL
Parent / School Agreement

- 1) I understand that the school offers an educational experience based on Christian principles and values. I agree to support the Christian mission of St. Paul Lutheran Church and understand that my child will be taught from a Lutheran Christian world view.
- 2) I will support school policies regarding codes of conduct, dress code, discipline and nutrition.
- 3) I will notify the school the morning my child is absent.
- 4) In the event my child becomes ill or is injured while under school supervision, I authorize the school authorities to take the following steps:
 - > Contact a parent of the student and follow his/her instructions.
 - > In the event that neither parent can be reached, contact the student's physician and follow his/her instructions. 911 will be called if school personnel deem it necessary.
 - > I authorize the medical facility and/or physician to provide and perform treatment as deemed necessary by the physician.
 - > I accept all responsibility for payment for any and all medical services rendered under this authorization.
 - > Further, I released the principal or her/his designee, St. Paul Lutheran School and/or St. Paul Lutheran Church from any and all liability which might arise from the granting of such authorization, it being my desire that my child be furnished with such medical or surgical services as soon as reasonably possible after the need arises.
- 5) I understand and accept my responsibility to pay the tuition that is due each month. I understand the policy on non-refundable and non-transferable fees and withdrawal procedures. I understand that my child will not be permitted to attend classes if my account is 45 days or more in arrears; and accept that records and reports will not be released until all financial obligations to St. Paul Lutheran School have been fulfilled.

Parent / Guardian Signature: _____

Date: _____

The mission of St. Paul Lutheran School is to enable the families of the community to know Jesus as their Savior by providing a Christian educational environment which fosters academic excellence.

