

LSUS EMERGENCY INFORMATION FORM 2024-2025

Student Name _____
Last First Initial Gender Grade

Parent/Guardian _____
Name Name Relationship Contact Number

Home Address _____
Street City Zip Code

Home Phone _____ Work Phone _____

Physician _____ Phone _____ Hospital Preference _____

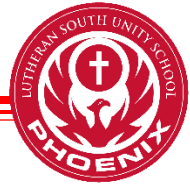
Primary Emergency Contact _____
Name Relationship Phone

Secondary Emergency Contact _____
Name Relationship Phone

Special Student Health Information (Diabetes, Heart Condition, Allergies, Medications, Recent Surgeries/Injuries etc.)

(Specific Medical forms must be filled out for inhalers, medications to be given at school, EPI pens, etc, in school office)

LSUS Student Handbook Forms



You must fill out one of these forms for every student you have at LSUS. This form will be present with your student when they leave the LSUS campus. Please take the time to fill this out completely.

Student Grade

BUS TRANSPORTATION

(I/WE) the parent(s)/guardian(s) of _____
(STUDENT NAME)

Request that the school allow my/our son/daughter to be taken by bus to Bethlehem Lutheran Church (S. Anthony Blvd.), Mount Calvary Lutheran Church (Reservation Dr.), Peace Lutheran Church (Fairfield Ave.), and Zion Lutheran Church (Hanna St.) for school practice or events.

We hereby release and save harmless the school of Lutheran South Unity and any and all of its employees from any and all liability for any and all harm arising to my/our son/daughter as a result of this trip. In case of emergency, I give permission for my son/daughter to be taken to a physician or hospital by either a parent in charge or by school personnel. I understand that every effort will be made to contact me.

Parent/Guardian Signature: _____

MEDICAL RELEASE

Student Name: _____

Known Allergies:
Allergic Reactions:

Other Pertinent
Medical Information:

Current Medication(s) _____

Parent/Guardian Name: _____

Daytime #: _____ Cell # _____

Parent/Guardian Name: _____

Daytime #: _____ Cell # _____

Parent/Guardian Signature: _____ Relationship to Child: _____

Administrator's Signature

Teacher's Signature

ONE FORM PER STUDENT

LSUS Student Handbook **SIGNATURE PAGE**



Family Name _____

Parent Student Handbook Agreement

_____ I have received access to the Parent/Student Handbook and agree to follow the school policies and procedures as stated. *(Located on our website)*

Technology Acceptable Use Agreement

_____ We agree to adhere to the Telecommunications Use Agreement to the best of our ability. *(Located on our website in the Parent/Student Handbook)*

E-Learning

Do you have access to a computer and internet at your home?

YES, we have **internet** **NO**, we do not have **internet**

YES, we have a **computer** – How many students? _____ computers? _____

Photo-Video Release

_____ I hereby give permission for my son/daughter to be photographed or videotaped at Lutheran South Unity School. I realize that the photo may be published in the newspaper, a magazine, the school website, or other publication. The video may be used for informational or educational purposes regarding the programs or curriculum at Lutheran South Unity School.

_____ I **do not** give my permission for this.

One form is needed per family.

– **Parent/Guardian signature** Date Print Name

– **Parent/Guardian signature** Date Print Name

– **Student signature** GRADE Print Name

– **Student signature** GRADE Print Name

– **Student signature** GRADE Print Name

ONE FORM PER FAMILY

LSUS Pick-Up Permissions



Pick-Up Permissions

Family Last Name(s) _____

Student Name _____ Grade _____ *Carline #*

Student Name _____ Grade _____

Student Name _____ Grade _____

Student Name _____ Grade _____

I, _____ give my permission for the following people to pick up my child(ren) from school. *I am aware that LSUS may require identification for the safety of my children.*

Signature _____

Name _____

Relationship _____ Phone _____

Name _____

Relationship _____ Phone _____

Name _____

Relationship _____ Phone _____

Name _____

Relationship _____ Phone _____

Name _____

Relationship _____ Phone _____

Name _____

Relationship _____ Phone _____

Name _____

Relationship _____ Phone _____

ONE FORM PER FAMILY

LSUS Extended Care



If you will be using LSUS Extended Care Fill out this top section.

We understand that schedules change and at random times things happen that may change. What we want from you is what a normal schedule looks like for your family.

Today's Date: _____

(If you do not know your fall schedule yet please check that you will need Extended care and leave the times blank. We will contact you in August for your schedule to fill in the times for you.)

We Need **AM Care** M _____ T _____ W _____ TH _____ F _____
Dropped off *before 7:30 AM* Write the time that you will be **dropping off** your student

We Need **PM Care** M _____ T _____ W _____ TH _____ F _____
After 3:20 PM Write the time that you will be **picking up** your student

STOP HERE. Below for future schedule changes.

THIS SECTION FOR SCHEDULE CHANGES. Please update with us when schedules do change.

New Schedule Start Date: _____

We Need **AM Care** M _____ T _____ W _____ TH _____ F _____
Dropped off *before 7:30 AM* Write the time that you will be **dropping off** your student

We Need **PM Care** M _____ T _____ W _____ TH _____ F _____
After 3:20 PM Write the time that you will be **picking up** your student

New Schedule Start Date: _____

We Need **AM Care** M _____ T _____ W _____ TH _____ F _____
Dropped off *before 7:30 AM* Write the time that you will be **dropping off** your student

We Need **PM Care** M _____ T _____ W _____ TH _____ F _____
After 3:20 PM Write the time that you will be **picking up** your student

New Schedule Start Date: _____

We Need **AM Care** M _____ T _____ W _____ TH _____ F _____
Dropped off *before 7:30 AM* Write the time that you will be **dropping off** your student

We Need **PM Care** M _____ T _____ W _____ TH _____ F _____
After 3:20 PM Write the time that you will be **picking up** your student

Required if you use Extended Care



SCHOLARSHIP APPLICATION

Please complete this form for each child for the 2023-2024 School Year.

ELIGIBILITY:

Does your Child:

- Live in Indiana?
- Have a household AGI* within the Eligibility Guidelines listed to the right?
- Enroll in a school in The Lutheran SGO of Indiana family of schools for the 2023-24 School Year?

If you answered "Yes" to all of points above, your child may be eligible to receive an SGO scholarship.

Do not submit the application to The Lutheran SGO; instead, submit applications to the school where your child has been enrolled.

Please note: any SGO Scholarship Distribution will be sent directly to the enrolling school.

Other Questions? Contact your school leadership.

INCOME GUIDELINES:

AGI* Eligibility Guidelines for the 2023-24 School Year:

Household Size **:	Maximum AGI Income ***:
1	\$107,892.00
2	\$145,928.00
3	\$183,964.00
4	\$222,000.00
5	\$260,036.00
6	\$298,072.00
each additional:	\$38,036.00

- * Adjusted Gross Income
- ** Includes all adults and children; usually matches your Form 1040 exemptions
- *** Income eligibility is subject to verification

STUDENT

First Name: _____ Last Name: _____

School Name/City attending in the 23/24 school year: _____

School Grade (2023-2024 school year): _____ Date of Birth (MM/DD/YY): _____

Has the student received an SGO Scholarship in the past: Yes No

School Name/City attended in the 2022-23 school year: _____

PARENT/GUARDIAN

First Name(s): _____ Last Name(s): _____

Address: _____ City: _____ State: _____ ZIP: _____

Email: _____ Phone: _____

of Household Members: _____ Household Income: \$ _____ AGI* Proof Attached: Yes No

Parent(s)/Guardian(s) Signature: _____

By completing this information, the family recognizes that they may be responsible for any remaining tuition & fee balance that may be due the school.

SCHOOL

Please Note: when submitting tax documents as income verification, please block all Social Security numbers.

By entering this information into the LSGO online system, the school verifies the following:

1. The income & household size information provided is accurate and current.
2. This student has met guidelines for admission, is/will be enrolled, and has provided
3. The necessary proof of current income and household size.

Award Amount: \$ _____ Income Document Uploaded Application Completed in SLM

The Lutheran Scholarship Granting Organization of Indiana, Inc., d/b/a The Lutheran SGO, PO Box 5174, Fort Wayne, IN, 46895, 260-203-4509, is a 501(c)3 non-profit corporation approved by the Internal Revenue Service to receive tax-advantaged contributions. Our Tax ID number is 45-4856406. We are also recognized as a scholarship granting organization under Indiana Code 20-51-1-7 for school scholarship programs certified by the Indiana Department of Education under Indiana Code 20-51-3-1. www.LutheranSGO.org. v. 23-24