

ST. PAUL LUTHERAN SCHOOL - ENROLLMENT INFORMATION

STUDENT INFORMATION

Child's Full Name:		Nickname:	Phone:
Address:		Enrolling in Grade:	School Year: 20__ - 20__
City:	State:		ZIP Code:
Date of birth:	Place of Birth (City, ST):		Gender: M F
Child lives with (Choose only one): <input type="checkbox"/> Both parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other_____			
Does child live with both biological parents: Y N If "NO," explain the circumstances:			
Child Baptized: Y N	Date of Baptism:	(Name, City, ST) Church Baptized:	
Race (Choose only one): <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White			
Is child Hispanic/Latino? Y N			

FAMILY INFORMATION

Father/Guardian Full Name:		Biological Father: Y N	
Address (if different from child):			
Employer:		Profession:	
Home Phone:	Cell Phone:	Work Phone:	
Email Address:		Church Membership:	
Mother/Guardian Full Name:		Biological Mother: Y N	
Address (if different from child):			
Employer:		Profession:	
Home Phone:	Cell Phone:	Work Phone:	
Email Address:		Church Membership:	
If parents are not members of St. Paul, are you interested in membership? Y N			

Step-Parents or Guardian or Adoptive Parent Information:

Name:	Phone:	Email:
Sibling's Name:	Sibling's Name:	Sibling's Name:
Age:	Age:	Age:
Grade:	Grade:	Grade:

EMERGENCY CONTACTS

Contact Name:	Contact Name:
Address:	Address:
Phone:	Phone:
Relationship:	Relationship:

MEDICAL INFORMATION

Family Doctor:	Phone:
Allergies/Treatment:	Special remarks/Medication:

SCHOOL PUBLICATION INFORMATION

Send School Newsletter ("Potpourri") to: ☐ Father's email ☐ Mother's email ☐ Both emails

Send Fast Direct (our School Information System) messages to: ☐ Father's email ☐ Mother's email ☐ Both emails

Send Fast Direct messages as texts to: ☐ Father's cell (Provider _____) ☐ Mother's cell (Provider _____)

Publish in FastDirect school directory ("Buzz Book")? Home address: ☐ Yes ☐ No Home phone: ☐ Yes ☐ No

Photograph Authorization: I give permission for the use of photographs of my child by St. Paul Lutheran School & Preschool for promotional purposes, including but not limited to print materials, in-house newsletters, in-house television screens, social media, community publications, and church publication. ☐ Yes ☐ No

AGREEMENT

I/we agree to abide by the rules and regulations of St. Paul Lutheran School as stated in the agreement and any other notices or communications by the school administration, including but not limited to the Parent Handbook (available in the school office or online at stpaulbaycity.org). I understand that false or misleading information on this application constitutes grounds for dismissal. I understand that compliance with St. Paul Lutheran School policies and procedures are my responsibility and that failure to comply may lead to the dismissal of my child(ren) from St. Paul Lutheran School. I also understand that suspension and expulsion from the school and preschool is at the sole discretion of St. Paul Lutheran School.

Please initial each of the following items:

_____ I attest that the information contained in this application is accurate and that I have not willingly withheld any pertinent data.

_____ I will notify the office with any changes to the information I provided in this application.

Printed Name: _____ Signature of Parent/guardian: _____ Date: _____

Printed Name: _____ Signature of Parent/guardian: _____ Date: _____

Optional Forms & Paperwork (available on website or from office if requested):

Please check the box to request a printed copy from the office:

- ☐ Pesticide Notification Request _____
- ☐ Bus Transportation _____
- ☐ Field Trip Driver & Chaperone Handbook _____
- ☐ Free & Reduced Lunch Application _____
- ☐ Financial Assistance Application _____
- ☐ Extended Care Registration Info _____
- ☐ Prescription Medication Form _____
- ☐ Parent Handbook _____

Please turn in the following required forms (Y5's & Kindergarten):

Copy of Birth Certificate _____

Hearing Screening _____

Health Appraisal _____

Vision Screening _____

Immunization record _____
(Needs to be updated for 7th-graders)

Technology Agreement _____

Concussion Form _____