

Student Registration Form

St. Paul Lutheran School

Student Lives With: (check all that apply) Both Parents Mother Father Stepmother Stepfather Other _____

Parents' Marital Status: (please check one) Married Divorced Separated Single Mother Deceased Father Deceased

LEGAL STUDENT NAME (Last, First, Middle) **GENDER:** Male Female **ACADEMIC YR** **GRADE ENTERING** **ENTRY DATE**

Date of Birth: Birthplace City & State: Baptismal Date:

Name of Church Where Baptized: Denomination:

Present Church Affiliation (if Lutheran, what Synod?) City: State:

PRIMARY RESIDENCE (please print)

PARENT: Relationship:

Home Address: City & State: Zip:

Email: Home Phone: Cell Phone:

Employer: Occupation: Work Phone:

SECONDARY RESIDENCE (if applicable)

PARENT: Relationship:

Home Address: City & State: Zip:

Email: Home Phone: Cell Phone:

Employer: Occupation: Work Phone:

DISTRICT RESIDENCY INFORMATION

Is this student a resident of Millington Community Schools: Yes No County of Residency (circle one)
Bay, Genesee, Lapeer, Saginaw, Tuscola

If no, what district do you live in?

ETHNICITY Is this student Hispanic/Latino? (Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race) Choose only one: No, Not Hispanic/Latino Yes, Hispanic/Latino

RACE What is the student's race? American Indian or Alaska Native Native Hawaiian or Other Pacific Islander
Choose only one: Hispanic or Latino Asian White Black or African American Two or More Races

ADDITIONAL CHILDREN IN FAMILY

Name: Birthdate: Name: Birthdate:

Name: Birthdate: Name: Birthdate:

LAST SCHOOL ATTENDED

Name of School Last Attended: City & State:

Grade Student Last Completed Reason for Leaving:

SPECIAL SERVICES:

Has your child been enrolled in a special education classroom setting? Yes No

Please check any of the following special education services that your child received at previous school:

- Speech Hearing Impairment Visual Impairment Occupational Therapy
 Physical Therapy Emotional Impairment Learning Disability Social Work

HEALTH/ALLERGY CONCERNS

Please note any health and/or allergy concerns:

Name of Doctor: Telephone Number:

NON-PRESCRIPTION/PRESCRIPTION MEDICATION AUTHORIZATION

YES NO I give my permission for St. Paul Lutheran School to dispense or apply my child's **non-prescription medication**. The School Office will call me before any medication (i.e. Tylenol, Ibuprofen, cough drops, Tums, first aid cream/antiseptic, etc.) is given noting the kind and/or amount.

I understand that in order for my child to take **prescription medication**, I must supply St. Paul with a dated, signed note indicating the name of medication, time when medication is to be given, dose, and duration of medication.

PHOTO PERMISSION

YES NO From time to time we would like to take photos of our students participating in a variety of activities for purposes of publishing them in the school or church newsletter, website, local or area newspapers, school promotional projects, or displaying them around school. For us to do that, we need to have your permission. I hereby give permission for St. Paul Lutheran School to photograph my child and possibly use such photographs in such venues indicated above. This includes still photography as well as video.

ADDITIONAL INFORMATION

Please provide any additional information regarding other health, academic, social, or emotional concerns that you have regarding your child:

Has your child experienced discipline/conduct problems, school suspensions, grade retention, double promotions, etc. If yes, please explain:

A Student Registration Form must be completed for each student accompanied with a copy of student's birth certificate.

A UNITED COMMITMENT FOR CHRISTIAN EDUCATION

(Please read prayerfully)

St. Paul Lutheran Church has committed itself to providing quality Christian education. Therefore, please comment on the following:

| YES | NO |
|-----|----|
| | |
| | |
| | |
| | |

I hereby pledge to support the goals and objectives of St. Paul Lutheran School.
I will strive to maintain regular church attendance for myself and my family.
I will make every effort to preserve a spiritual atmosphere in my home.
I will provide financial support for my church's work in joyful thanksgiving to God.

Parent/Guardian Signature: _____ **Date:** _____

Administrator's Signature: _____ **Date:** _____

If you do not have a church home, please consider joining St. Paul's. Potential members must attend a series of classes on the Lutheran Church. If interested, please contact one of our pastors for dates/times of adult instruction and/or additional information.

Statement of Non-Discrimination

St. Paul Lutheran School believes that educational opportunities and programs should be open to boys and girls on an equal basis, and that employment opportunities be available to men and women equally. This is also prescribed by Title IX of the Education Amendments of 1972. We, therefore, do not discriminate on the basis of sex or racial background in administering our educational policies, programs, activities and employment practices. Inquiries about the non-discrimination policies of St. Paul Lutheran School may be referred to Mr. Jay Rodammer (989-871-6631).

Auxillary Registration Form

St. Paul Lutheran School

Please take note and/or complete the forms below that pertain to your child(ren).

CHRISTMAS PROGRAM DATES - FOR ALL STUDENTS

Please fill out the following information regarding which Christmas service you would like your children to participate. (Students may participate in the program of their choice.)

| Student Names | Grade |
|---------------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

We would like our children to participate in: *(Please choose ONE of the following)*

| | |
|--------------------------|---|
| <input type="checkbox"/> | Wednesday, December 16 - 6:00 p.m. Service |
| <input type="checkbox"/> | Thursday, December 24 - 6:00 p.m. Service |
| <input type="checkbox"/> | Either Service - wherever you need more students. |

TRANSPORTATION INFO - FOR STUDENTS NEEDING TO RIDE THE BUS

If your child(ren) is in need of bus transportation to and from St. Paul, a special form must be completed for the Millington Bus Garage indicating student pick-up and drop-off locations. A **Millington Bus Form** can be accessed online or picked up in the School Office.

ATHLETICS - FOR STUDENTS PARTICIPATING IN ANY SPORT

St. Paul is a member of the Tri-County Lutheran League (TCLL). The school competes with fellow Christian schools and occasionally with neighboring public schools. The grades eligible to participate in interscholastic competition will vary from year-to-year and sport-to-sport depending upon class sizes. School policy requires that a health examination be submitted prior to participation (and prior to any practice). A **Physical Exam and Clearance and Consent Form** can be accessed online or picked up in the School Office.

BAND - FOR STUDENTS PARTICIPATING IN BAND - GRADES 5-8

St. Paul offers Band to students in Grades 5-8, with Band being a requirement for Grade 5. (Instruments are provided for fifth graders.) All students must complete a form providing any history of musical experience and/or choice of instrument. A **Band Enrollment Form** can be accessed online or picked up in the School Office.

FIELD TRIP INFORMATION

All grades at St. Paul, from time to time, go on field trips. Parents are normally notified by your child(ren)'s individual teacher along with a request for either parent chaperones or drivers. If you are able to help out, that is most appreciated; however, by law the school is required to have parents complete an ICHAT Information Sheet one week prior to the event. In conjunction with this form, a copy of the parent's driver's license is required as well. An **ICHAT Information Sheet** can be accessed online or picked up in the School Office. If you choose to come into the office, they would be happy to make a copy of your driver's license for you.

VOLUNTEERS

Each classroom has a number of volunteer needs throughout the school year. If you are interested and/or have the opportunity to serve, please complete a **Volunteer Information Form** found online and/or in the School Office.

Parent Name(s): _____ Date: _____

Billing Address: _____

Father SSN: _____ Mother SSN: _____

Cell Phone: _____ Cell Phone: _____

E-Mail Address: _____ E-Mail Address: _____

| PRESCHOOL (tuition pro-rated if child withdraws) | | | Total |
|---|------------------------|-----------------------------------|-------|
| <input type="checkbox"/> | PS3 AM - \$695 | Name: _____ | |
| <input type="checkbox"/> | PS3 PM - \$695 | Name: _____ | |
| <input type="checkbox"/> | PS4 AM - \$1,004 | Name: _____ | |
| <input type="checkbox"/> | PS4 PM - \$1,004 | Name: _____ | |
| <input type="checkbox"/> | PS Full day - \$ 1,500 | Name: _____ | |
| <input type="checkbox"/> | Registration - \$50 | (Registration fee Non Refundable) | |

| Tuition K-8 (pro-rated if child withdraws) | | | |
|---|----------------------|-------------|--------------|
| <input type="checkbox"/> | Member Rate: \$1,288 | Name: _____ | Grade: _____ |
| <input type="checkbox"/> | Child #2: \$1,030 | Name: _____ | Grade: _____ |
| <input type="checkbox"/> | Child #3: \$ 773 | Name: _____ | Grade: _____ |
| <input type="checkbox"/> | Child #4: \$ 773 | Name: _____ | Grade: _____ |

| | | | |
|--------------------------|---------------------|-------------|--------------|
| <input type="checkbox"/> | Non-Member: \$2,575 | Name: _____ | Grade: _____ |
| <input type="checkbox"/> | Child #2: \$2,318 | Name: _____ | Grade: _____ |
| <input type="checkbox"/> | Child #3: \$2,060 | Name: _____ | Grade: _____ |
| <input type="checkbox"/> | Child #4: \$2,060 | Name: _____ | Grade: _____ |

| K-8 Fees (Non-Refundable) | | |
|----------------------------------|-------------------------------------|--|
| <input type="checkbox"/> | Registration - \$300 | |
| <input type="checkbox"/> | Technology - \$100 | |
| <input type="checkbox"/> | Assembly Fee - \$10 | |
| <input type="checkbox"/> | Payment Plan Fee - \$50 | |
| <input type="checkbox"/> | Scholastic News (K) - \$8.00 | |
| <input type="checkbox"/> | Scholastic News (1st, 2nd) - \$7.00 | |
| <input type="checkbox"/> | All God's People (2nd) - \$15.00 | |
| <input type="checkbox"/> | Recorder Books-4th \$5.00 | |
| <input type="checkbox"/> | Band Books- 5th & 6th \$10.00 | |
| <input type="checkbox"/> | Catechism (7/8) - \$17.00 | |
| <input type="checkbox"/> | Athletic Fee - \$50.00 | |

Notes and Comments:

| | |
|--------------|--|
| Subtotal: | |
| Gifts: | |
| Payments: | |
| Grand Total: | |

Payment Plans (initial preferred option)

- Option 1: Pay in full via any payment methods.
- Option 2: Pay over 10 months (August - May) - ACH or credit card on file
- >> Requires monthly installments of \$ _____ per month
 - >> We will charge your credit card or debit ACH bank draft on the 10th of each month regardless if the 10th falls on a weekend or holiday.
 - >> Late fees of 3% or bank fees of \$25 apply if credit card declines or bank returns check
- Option 3: Pay over 6 months (August - January) - Manual pay (check, cash or credit card)
- >> Requires monthly installments of \$ _____ per month
 - >> Late fees of 3% or bank fees of \$25 apply if credit card declines or bank returns check after the 10th of each month regardless if the 10th falls on a weekend or holiday.

Certification (initial each box)

- I understand and agree that I am responsible for all tuition and fees assessed per this schedule as indicated above.
- I understand and agree that I am responsible for all fees incurred due to declined credit cards or checks returned from the bank. Minimum charge is \$25.00.
- I understand and agree that I am responsible for additional fees should this account go to collections due to non-payment of account.

**Notice: accounts are forwarded to the collection agency on
January 11, 2021 (option 3) or May 11, 2021 (option 2) if not paid in full
Accounts in PRIOR collections MUST use Option 1 upon registration**

Parent or Guardian-Signature

Parent or Guardian-Signature

Parent or Guardian-Printed Name

Parent or Guardian-Printed Name



eCheck Authorization Form

St Paul Evangelical Lutheran Congregation, Millington, Michigan

I authorize St Paul Evangelical Lutheran Congregation (aka St Paul Lutheran Church and School) to initiate either an electronic debit or to create and process a demand draft against my bank account according to the terms outlined below. I acknowledge that the origination of ACH transactions to my account must comply with the provisioning of United States law.

Terms of Billing

Option 1 – Pay in full for the amount of _____.

Option 2 - Starting on _____ and on the 10th day of each month through May 2020 in the amount of _____.

Bank Information

Routing Number: _____

Account Number: _____

Account Type: __ Checking __ Savings



This payment authorization is to remain in full force and effect until I, _____, notify St Paul Lutheran Church & School of its cancellation by sending written notice in such time and in such manner to allow both St Paul Lutheran Church & School and the receiving financial institution a reasonable opportunity to act on it.

I further acknowledge in the event of non-sufficient funds (NSF), I will be liable for resulting NSF fees and billed appropriately.

Member Signature: _____

Member Printed Name: _____

Date: _____

Note: once information is entered into your electronic PCI-Compliant account, this form is destroyed. Account information is truncated within your account and cannot be read by anyone within our church or school.



Credit Card Authorization Form

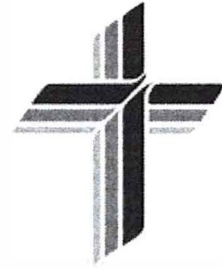
St Paul Evangelical Lutheran Congregation, Millington, Michigan

I authorize St Paul Evangelical Lutheran Congregation (aka St Paul Lutheran Church and School) to initiate either an electronic debit or to create and process a demand draft against my credit card account according to the terms outlined below. I acknowledge that the origination of credit transactions to my account must comply with the provisioning of United States law.

Terms of Billing

- Option 1 – Pay in full for the amount of _____.
- Option 2 - Starting on _____ and on the 10th day of each month through May 2020 in the amount of _____.

Credit Card Information (Credit cards only – no debit cards)



Card Number: _____

Exp Date: _____

CVC code: _____ Billing zip code: _____

This payment authorization is to remain in full force and effect until I, _____, notify St Paul Lutheran Church & School of its cancellation by sending written notice in such time and in such manner to allow both St Paul Lutheran Church & School and the receiving financial institution a reasonable opportunity to act on it.

I further acknowledge in the event of credit card declination, I will be liable for resulting declination fees and billed appropriately.

Member Signature: _____

Member Printed Name: _____

Date: _____

Note: once information is entered into your electronic PCI-Compliant account, this form is destroyed. Account information is truncated within your account and cannot be read by anyone within our church or school.

EMERGENCY/HEALTH INFORMATION

CHILD'S LAST NAME _____ DATE _____

CHILD (*first name*) _____ GRADE _____

CHILD (*first name*) _____ GRADE _____

CHILD (*first name*) _____ GRADE _____

MOM'S FIRST NAME _____ LAST NAME (*if different*) _____

CELL PHONE _____ WORK PHONE _____

DAD'S FIRST NAME _____ LAST NAME (*if different*) _____

CELL PHONE _____ WORK PHONE _____

Parents' (guardians), cell and work will be contacted first. In an emergency, contact the following if the parents/guardians are unavailable. List in order of desired contact.

1. _____ PHONE _____

RELATIONSHIP TO CHILD _____

2. _____ PHONE _____

RELATIONSHIP TO CHILD _____

DAYCARE _____ PHONE _____

HEALTH INSURANCE COMPANY _____

(Please attach a copy of health insurance card)

EMPLOYER PROVIDING _____ HOSPITAL PREFERENCE _____

FAMILY DOCTOR _____ PHONE NUMBER _____

HEALTH/ALERGY INFORMATION

Please provide the following information where applicable.

| CHILD'S NAME | DIETARY RESTRICTION(S) | ALERGY INFORMATION | OTHER |
|--------------|------------------------|--------------------|-------|
| | | | |
| | | | |
| | | | |
| | | | |

I agree that school personnel may authorize emergency medical treatment for the above named child(ren).

(Parent Signature)

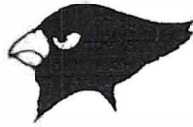
Date

ST PAUL LUTHERAN SCHOOL ENROLLMENT FORM

(FOR OFFICE USE ONLY)

DATE: _____

GRADE: _____



| | | |
|-------------------|----------------|-------------------|
| Resident: | Non-Resident | Schools of Choice |
| Teacher Assigned: | Starting Date: | |
| UIC CODE: | ID#: | |

STUDENT INFORMATION

LEGAL LAST NAME _____ LEGAL FIRST NAME _____ LEGAL MIDDLE NAME _____

BIRTH CERTIFICATE: YES ___ NO ___ MALE ___ FEMALE ___ DATE OF BIRTH _____

PLACE OF BIRTH _____
 City _____ State _____ Country _____

| |
|--|
| Ethnicity _____ Is this student Hispanic/Latino? (choose only one) _____ No, not Hispanic/Latino _____ Yes, Hispanic/Latino A Person of Cuban, Mexican, Puerto, South or Central American, or other Spanish culture or origin, regardless of race The question above is about ethnicity, not race. No matter what you selected, please continue to answer the following by marking one or more to indicate what you consider your student's race to be _____ 1 – American Indian _____ 5 – White _____ 2 – African American _____ 6 – Hawaiian _____ 3 – Asian American |
|--|

RESIDENCY INFORMATION

Is this student a resident of Millington Community Schools? **YES ___ NO ___**
 If not, what district do you live in? _____ COUNTY OF RESIDENCY _____
 Bay, Genesee, Lapeer, Saginaw, Tuscola

ADDRESS _____ CITY _____ ZIP CODE _____
 CROSSROADS _____ TELEPHONE # _____

PARENT/GUARDIAN INFORMATION

Is this child Court or Agency placed? **YES ___ NO ___**

Circle all those with whom child resides with: Mother, Father, Step Parent, Aunt, Uncle,
 Grand Parents, Guardian, Foster Parent

| | |
|---|---|
| NAME OF PERSON WITH WHOM STUDENT RESIDES WITH: _____ | NAME OF PERSON WITH WHOM STUDENT RESIDES WITH: _____ |
| RELATIONSHIP TO STUDENT: _____ | RELATIONSHIP TO STUDENT: _____ |

| | | |
|---------------------------|---------------------------|----------------|
| ADDRESS _____ | CITY _____ | ZIP CODE _____ |
| TELEPHONE # _____ | TELEPHONE # _____ | |
| CELL # _____ | CELL # _____ | |
| WORK # _____ | WORK # _____ | |
| PLACE OF EMPLOYMENT _____ | PLACE OF EMPLOYMENT _____ | |

| |
|---|
| Legal documentation if child is not to be seen or picked up by the other parent. YES ___ NO ___ |
| Household where student does not reside should receive copies of student information? (progress reports, attendance, discipline) YES ___ NO ___ |
| NAME: _____ RELATIONSHIP TO STUDENT: _____ |
| ADDRESS _____ |
| CITY _____ STATE _____ ZIP CODE _____ |

Has your child been enrolled in a special education classroom setting?

Yes ___ No ___

Did your child receive any special education services at a previous school?

Yes ___ No ___

If yes, please indicate the types of services he/she received.

Speech ___ Hearing Impairment ___ Visual Impairment ___
Occupational Therapy ___ Physical Therapy ___ Speech ___ Social Work ___

If yes, complete Temporary Placement Form.

Health/Allergy Concerns:

List Siblings Attending St. Paul/Millington

Doctor: _____

Last Name / First Name Date of Birth

Telephone Number

Last Name / First Name Date of Birth

Last Name / First Name Date of Birth

Name and address of last school attended:

Circle One: Public School in Michigan Public School Out of State Parochial Private

Has this student attended Millington Schools before?

Yes ___ No ___

Other districts attended in Michigan:

School Name _____ City _____
School Name _____ City _____

Has this student ever been suspended or expelled from another school district?

Yes ___ No ___

If yes, please indicate the reason and length of time.

Where is the student living now (check one box)

- In a one family dwelling
- In a car
- In a shelter
- With more than one family in a house or apartment
- In a trailer park or campsite
- In a motel or hotel
- With friends/family members (other than parent/guardian)
- None of the above-explain _____

Parent/Guardian Signature:

Date: _____

Administrator's Signature:

Date: _____

EMAIL ADDRESS :

**Millington Community Schools
8780 Dean Drive
Millington, MI 48746**

RESIDENCY VERIFICATION AFFIDAVIT

According to State Attorney General Opinion No. 5925, school districts have the right to request proof of pupil residency. By signing, this affidavit *you are affirming that the address given on all enrollment forms is the legal residence of the parent or guardian enrolling the student and is the residence of the student.*

If you are living in the home of another person without a rental or lease agreement, that person must sign this document and prove **their** residency.

Verification of residency shall be made with-

Driver's License or State I.D. and one (1) of the following: (check which is used)

Purchase Agreement
(if it denotes residency)

Moving Bill

Utility Bill

Insurance Forms

Property Tax Payment

Other (with District Approval)
Specify _____

Lease Agreement

Mortgage Receipt

PLEASE READ CAREFULLY

Should the district learn that this is not the residence and that the parent lives outside the boundaries of the Millington School District, the student will be **PROHIBITED** from attending Millington Community Schools.

Further, the district will require payment of tuition for the time in attendance as a non-resident and will take any legal steps to recover same.

Student's Name

Date

Parent or Guardian Signature

Date

Signature of Person with whom residing (if applicable)

Date

Address/Street

City/State/Zip

Signature of Staff Person Enrolling

**St. Paul Lutheran School
4941 Center Street
Millington, MI 48746**

Consent for Disclosure of Immunization Information to Local and State Health Departments

Immunizations are an important part of keeping our children healthy. Schools and State and Local health departments must monitor immunization levels to ensure that all communities are protected from potentially life-threatening diseases and, if necessary, respond promptly to an emerging public health threat. It is important that disease threats be minimized through the monitoring of students being immunized.

Sharing immunization and personally identifiable information including the students name, Date of Birth, gender, and address with local and state health departments will help to keep your child safe from vaccine preventable diseases. The Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. § 1232g, requires written parental consent before personally identifiable information from your child’s education records is disclosed to the health department. If your child is 18 or over, he or she is an “eligible student” and must provide consent for disclosures of information from his or her education records.

You may withdraw your consent to share this information in writing at any time.

I authorize St. Paul Lutheran School to release my child’s immunization record to the Michigan Department of Health and Human Services and Local Health Department. I understand this information will be used to improve the quality and timeliness of immunization services and to help schools comply with Michigan Law. This includes any immunization information and limited personally identifiable information from the school.

Student’s Name: _____ Date of Birth: __/__/__

Signature of Parent/Guardian
or Eligible Student: _____ Date: __/__/__

Printed Parent/Guardian Name: _____

ST. PAUL LUTHERAN SCHOOL
REQUEST FOR SCHOOL RECORDS

PREVIOUS SCHOOL ADDRESS

The following student (s) have enrolled in our school:

NAME

GRADE

BIRTHDATE

I hereby authorize you to release to St. Paul Lutheran School ALL records, transcripts, and confidential material on the above mentioned child(ren). Please send them to:

St. Paul Lutheran School
4941 W. Center St.
Millington, MI 48746
989-871-4581

Signature of Parent or Guardian

Date

Signature of Principal

MILLINGTON BUS PICK UP AND DROP OFF LOCATION

STUDENT INFORMATION

Date Form Completed: _____

School Building: _____ Grade _____

Student's Name: _____

Parent's Name (s): _____

Address: _____

Phone Number: _____

PICK UP & DROP OFF SITE

Name of Adult Responsible: _____

Address: _____

Crossroads: _____

Phone Number: _____

EMERGENCY PHONE NUMBER

Phone Number: _____

Please return this form to the principal of the school your child attends. If you have children in more than one school, a form will need to be made out for each individual child and sent to the principal involved.

St. Paul Lutheran School
STUDENTS IN GRADES 5-8

Name: _____ Date: _____

Age: _____ Grade: _____

Beginning this Year: Circle one Yes No

Years of Experience in Band _____

Instrument: First Choice _____

Second Choice _____

ST. PAUL LUTHERAN SCHOOL

4941 W. Center St.
Millington, Michigan 48746
Phone 989-871-4581

Volunteer Information Form

DATE: _____

NAME: _____ GRADE: _____

ADDRESS: _____
Street City State Zip

HOME PHONE: _____ WORK PHONE: _____

When would you be able to help? _____

Number of hours per week: (Please circle) 0-2 3-5 6-8 9+

Best time of day: (Please circle) A.M. P.M.

Best day(s): (Please circle)
Monday Tuesday Wednesday Thursday Friday

1. Do you use illegal drugs? (Please circle) Yes No
2. Have you ever been convicted of a criminal offense? Yes No
(If yes, please explain below)

-
-
3. Are you currently or have ever been involved in abuse neglect of children\adult? Yes No
(If yes, please explain below)

-
-
4. Other than the above, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance, and care of young people? Yes No
If yes, please explain on back

Signature _____ Birthdate _____