

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	
<input type="checkbox"/>	<input type="checkbox"/>	I hereby pledge to support the goals and objectives of St. Paul Lutheran School.
<input type="checkbox"/>	<input type="checkbox"/>	I will strive to maintain regular church attendance for myself and my family.
<input type="checkbox"/>	<input type="checkbox"/>	I will make every effort to preserve a spiritual atmosphere in my home.
<input type="checkbox"/>	<input type="checkbox"/>	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).

Auxiliary 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 18 - 6:00 p.m. Service
<input type="checkbox"/>	Tuesday, 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 **ICCHAT 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.

2019-2020 EMERGENCY/HEALTH INFORMATION

CHILD'S LAST NAME _____

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