

STUDENT REGISTRATION FORM

OUR SAVIOR'S LUTHERAN SCHOOL

Pupil Information

Last Name _____ First Name _____ Middle Name _____
 Date of Birth _____ Sex M F Home Phone _____ Date of Baptism _____
 Place of Birth _____ Sunday School Attends _____
 Country of Origin _____ School District of Physical Address _____
 Physical/911 Address (where student resides)

_____ # street address city state zip code

Mailing Address

_____ # street address city state zip code

Ethnicity: American Indian/Alaska Native Black or African American (not Hispanic origin)
 (check one) Asian or Pacific Islander Hispanic or Latino
 White (not Hispanic origin) Multi-Racial (not Hispanic origin)

Last School Attended _____ School Year Registering For _____

Registration for:

School (Circle Grade) Kdg. 1 2 3 4 5 6 7 8
Kdg. Optional Extended Care # Days Weekly (circle)
M T W T H F

Preschool Circle Preference: (It is highly suggested that all 4 yr olds go 5 mornings a week)
AM 3 yrs olds only – 2 mornings (T, TH)
AM 3 & 4's class – 3 mornings (M,W,F)
AM 3 & 4's class – 5 mornings (M,T,W,TH,F)

Extended Care is available on the days student is enrolled in AM class
Days Weekly (circle) For Extended Care
M T W T H F

Primary Household Information: Names of person(s) with whom student is living

Living with (check one) Both Parents Father Only Mother Only Foster Parent Guardian
 Mother/Stepfather Father/Stepmother Relative Other _____

Father or Male Guardians Name _____

Occupation _____ Work Phone # _____

Cell Phone # _____ Email Address _____

Church Membership _____

Mother or Female Guardians Name _____

Occupation _____ Work Phone # _____

Cell Phone # _____ Email Address _____

Church Membership _____

List All Others That Live In The Home

<u>Name</u>	<u>Birthdate</u>	<u>Relationship to Student</u>	<u>School Attending</u>	<u>Grade</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

Other Important Information – Please list below any medical conditions, allergies, etc. (Students with health problems, food allergies, or taking medications on a regular basis are required to fill out additional forms available in the school nurse’s office.)

Emergency Information: List two persons (other than yourself) available during the school day who have agreed to care for and pick up (provide transportation) for your student if he/she becomes ill and you cannot be reached. We will attempt to contact parents first.

Name:	Relationship to Student	Daytime Phone Number
1. _____		
2. _____		

1. Are there circumstances about the custody of your child that we should know about, which **limits or requires** the sharing of records, picking up of your child, etc? Yes No
If yes please explain:

2. Is there anyone that CANNOT pick up your child? Please list name and explain.

(It is the parent’s/guardian responsibility to keep the school informed of changes in custody by providing the office current and complete legal documents each year and after any changes.)

Photo Release: Your child may be photographed for inclusion in a school publication and website, or letters relating to school activities. Please Check: Yes, I give my permission for: Name Photo
 No, I do not give my permission for: Name Photo

Directory Release: Family/Child’s Name, Address and Phone number may be published in our school directory.
Please Check: Yes, I give my permission No, I do not give my permission

Field Trip Permission:
I give my child in grade _____ my permission to participate in the educational field trips involving his/her class at Our Savior’s Lutheran School during the school year. I understand that my child will travel by private car to and from the field trip site. If I do not wish to have my child participate in some of the announced field trips, I will notify his/her teacher.

Yes, I give permission No, I do not give permission

Snow/Emergency Early Dismissal for weather or other reasons,
I have instructed my child as follows: They have their own key and will be going to their home.
 They will go to a neighbor’s to wait. The neighbor’s name and phone number is:

_____ (Neighbor’s Name) _____ (Phone)

If you desire a phone call from the school to notify you of early dismissal please let us know at what number you can be reached. Every effort to reach you will be made, but we cannot guarantee that we will be able to reach you before children are dismissed. No phone call
 Yes please call me at the following number(s) _____

As the parent/or legal guardian, I understand it is MY responsibility to notify the school of any move or change of physical address, or change in any other information provided on this form as to keep records current at all times.

I pledge that I will meet my financial obligation to Our Savior’s Lutheran School by remitting the annual registration fee and paying the annual tuition to Our Savior’s Lutheran School. Tuition may be paid in full to Our Savior’s by September 1st of the school year or paying in ten equal monthly payments to SMART during the school year.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

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