

**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 TH 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 TH F

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 \_\_\_\_\_

**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 \_\_\_\_\_

**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.)

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**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 1<sup>st</sup> of the school year or paying in ten equal monthly payments to SMART during the school year.**

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_