

# Cross Lutheran School

200 Ruppert Street, PO Box 50, Pigeon, MI 48755

Phone 453-3330 / Fax 453-3331

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## ENROLLMENT FORM GRADE K-8 18/19 SCHOOL YEAR

A nonrefundable \$50 registration fee must accompany this form. The fee will apply to next year's tuition and is required for ordering books and classroom materials before the school year begins.

<b>STUDENT INFORMATION:</b>		<b>Tee Shirt Size:</b>	
STUDENT'S LEGAL NAME	PREFERRED NICKNAME	GRADE	
STUDENT'S FULL ADDRESS	BIRTHDATE	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	

<b>FAMILY INFORMATION:</b>		
FULL NAME OF MOTHER/GUARDIAN	PRIMARY PHONE NUMBER	EMPLOYER
ADDRESS OF MOTHER/GUARDIAN	EMAIL	WORK PHONE NUMBER
FULL NAME OF FATHER/GUARDIAN	PRIMARY PHONE NUMBER	EMPLOYER
ADDRESS OF FATHER/GUARDIAN	EMAIL	WORK PHONE NUMBER

Student lives with?	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Both	<input type="checkbox"/> Other _____
Where should information be sent?	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Both	<input type="checkbox"/> Other _____
Where should bills be sent?	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Both	<input type="checkbox"/> Other _____
If parents are divorced or separated, who has legal custody of the student? _____				

<b>SIBLING INFORMATION:</b>		
NAME	SCHOOL	AGE/GRADE
NAME	SCHOOL	AGE/GRADE
NAME	SCHOOL	AGE/GRADE

Are you applying for tuition assistance?                       Yes                       No

<b>EMERGENCY CONTACTS:</b> (If parents cannot be reached)		
<b>NAME</b>	<b>RELATIONSHIP TO CHILD</b>	<b>PHONE #</b>
<b>NAME</b>	<b>RELATIONSHIP TO CHILD</b>	<b>PHONE #</b>

<b>PICK UP INFORMATION:</b> I/We hereby give permission for my/our child(ren) to be released to the individual(s) listed below while school is in session, for carpooling, and during before/after school care. Students will not be dismissed to any other individuals without authorized written permission.		
<b>NAME</b>	<b>RELATIONSHIP TO CHILD</b>	<b>PHONE #</b>
<b>NAME</b>	<b>RELATIONSHIP TO CHILD</b>	<b>PHONE #</b>

<b>MEDICAL INFORMATION:</b> In the event of an injury requiring medical attention, I hereby grant permission to share any information listed within this enrollment form with the supervising teacher(s) or staff in order to attend to my child during school hours, and/or on any field trip or activity to which they are in the care of Cross Lutheran School supervision. I understand that every effort will be made to contact me, however, if the injury warrants emergency medical attention and I am unreachable, I grant permission for necessary medical treatment to be given, including permission to transport my child(ren) to the nearest medical facility.		
<b>LIST KNOWN ALLERGIES</b>	<b>MEDICATIONS/EPI-PEN/INHALER</b>	<b>PHYSICAL RESTRICTIONS</b> [ ] YES [ ] NO

<b>PHOTO / VIDEO PERMISSIONS:</b> From time to time photographs / videos may be used in the newsletters, press releases, church bulletin, school website and marketing materials or brochures to highlight student activities and/or bring awareness to Cross Lutheran School. By selecting the following box(es), you are granting permission to use photo(s) / video of your child(ren) for the purposes selected. If no box is selected, CLS will assume you are not opposed to having your child(ren)'s photos/videos being used. If at any time you would like to reverse your decision, please notify the school office in writing.		
[ ] School related (bulletin boards, newsletters, church bulletins)		
[ ] School Promotional Materials (Website, forms, videos, press releases, facebook, etc.)		
[ ] I would <b>not</b> like photos / video of my child(ren) to be used on any of the above listed areas.		

Church Affiliation \_\_\_\_\_ Pastor \_\_\_\_\_

**REQUIRED:** [ ] Birth Certificate [ ] \$50 Registration Fee [ ] Immunization Records  
**KINDERGARTEN REQUIREMENT:** [ ] Hearing Screening [ ] Vision Screening

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_