

Cross Lutheran School

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

Phone 453-3330 / Fax 453-3331

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**ENROLLMENT FORM
DK-8th GRADE
20/21 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.

| | | |
|---|---|---|
| STUDENT INFORMATION: | | |
| STUDENT'S LEGAL NAME | PREFERRED NICKNAME | GRADE |
| STUDENT'S FULL ADDRESS | BIRTHDATE | <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE |
| PLACE OF BIRTH | ETHNICITY (choose one) <input type="checkbox"/> Hispanic <input type="checkbox"/> NOT Hispanic or Latino | RACE (choose one or more, regardless of ethnicity) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| T-SHIRT SIZE (circle one) YS YM YL S M L XL | | |

| | | |
|-------------------------------------|-----------------------------|--------------------------|
| FAMILY INFORMATION: | | |
| 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 |

May we publish your Contact Info in the School Handbook? Yes No

| | | | | |
|---|---------------------------------|---------------------------------|-------------------------------|--------------------------------------|
| 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? _____ | | | | |
| Church Affiliation _____ Pastor _____ | | | | |

| SIBLING INFORMATION: | | |
|-----------------------------|---------------|------------------|
| NAME | SCHOOL | AGE/GRADE |
| NAME | SCHOOL | AGE/GRADE |
| NAME | SCHOOL | AGE/GRADE |

| EMERGENCY CONTACTS/ RELEASE INFORMATION: | | |
|--|------------------------------|----------------------|
| 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. | | |
| NAME | RELATIONSHIP TO CHILD | PHONE NUMBERS |
| NAME | RELATIONSHIP TO CHILD | PHONE NUMBERS |
| NAME | RELATIONSHIP TO CHILD | PHONE NUMBERS |

| MEDICAL INFORMATION: | | |
|--|------------------------------------|--|
| 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. | | |
| LIST KNOWN ALLERGIES | MEDICATIONS/EPI-PEN/INHALER | PHYSICAL RESTRICTIONS [] YES [] NO |

| PHOTO / VIDEO PERMISSIONS: |
|---|
| 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 not like photos / video of my child(ren) to be used on any of the above listed areas. |

Are you applying for tuition assistance? [] Yes [] No

Name of family that referred you to our school, if applicable: _____

Parent/Guardian Signature _____ Date _____