

Cross Lutheran School

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

Phone 453-3330 / Fax 453-3331

ENROLLMENT FORM GRADE K-8 16/17 SCHOOL YEAR

secretary@crosslutheranpigeon.org / w.crosslutheranschool.org

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	[] MALE [] FEMALE

FAMILY INFORMATION:

FULL NAME OF MOTHER/GUARDIAN	PRIMARY PHONE NUMBER	EMPLOYER
ADDRESS OF MOTHER/GUARDIAN	SECONDARY PHONE NUMBER	WORK PHONE NUMBER
FULL NAME OF FATHER/GUARDIAN	PRIMARY PHONE NUMBER	EMPLOYER
ADDRESS OF FATHER/GUARDIAN	SECONDARY PHONE NUMBER	WORK PHONE NUMBER

Student lives with?	[] Father	[] Mother	[] Both	[] Other _____
Where should information be sent?	[] Father	[] Mother	[] Both	[] Other _____
Where should bills be sent?	[] Father	[] Mother	[] Both	[] Other _____
Check if appropriate:	[] Father Deceased	[] Parents Divorced	[] Father Remarried	
	[] Mother Deceased	[] Parents Separated	[] Mother Remarried	
If parents are divorced or separated, who has legal custody of the student? _____				

SIBLING INFORMATION:

NAME	SCHOOL	AGE/GRADE
NAME	SCHOOL	AGE/GRADE
NAME	SCHOOL	AGE/GRADE
NAME	SCHOOL	AGE/GRADE

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

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

PICK UP 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 #
NAME	RELATIONSHIP TO CHILD	PHONE #

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.		
FAMILY PHYSICIAN/PHONE #	INSURANCE CARRIER	POLICY #
LIST KNOWN ALLERGIES	LIST ONGOING MEDICATIONS	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.		

Church Affiliation _____ Pastor _____

Any other information you feel school staff should know _____

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

Parent/Guardian Signature _____ Date _____