

# Cross Lutheran School

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

Phone 453-3330 / Fax 453-3331

secretary@crosslutheranpigeon.org / www.crosslutheranschool.org

## ENROLLMENT FORM DK-8th GRADE 24/25 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>STUDENT'S LEGAL NAME</b>	<b>PREFERRED NICKNAME</b>	<b>GRADE</b>
<b>STUDENT'S FULL ADDRESS</b>	<b>BIRTHDATE</b>	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
<b>PLACE OF BIRTH</b>	<b>ETHNICITY (choose one)</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> NOT Hispanic or Latino	<b>RACE (choose one or more, regardless of ethnicity)</b> <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
<b>T-SHIRT SIZE (circle one):</b> YXS YS   YM   YL   S   M   L   XL		

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

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

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? _____

**EMERGENCY CONTACTS/ RELEASE INFORMATION:**

I/We hereby give permission for my/our child 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 NUMBERS</b>
<b>NAME</b>	<b>RELATIONSHIP TO CHILD</b>	<b>PHONE NUMBERS</b>
<b>NAME</b>	<b>RELATIONSHIP TO CHILD</b>	<b>PHONE NUMBERS</b>
<b>NAME</b>	<b>RELATIONSHIP TO CHILD</b>	<b>PHONE NUMBERS</b>

**ARRIVAL AND DISMISSAL INFORMATION:**

Normally my child will arrive at school by:  Bus  Parent drop-off  Other: \_\_\_\_\_

Normally, my child will leave from school by:  Bus  Parent pick-up  Other: \_\_\_\_\_

**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.

<b>LIST KNOWN ALLERGIES</b>	<b>MEDICATIONS/EPI-PEN/INHALER</b>	<b>PHYSICAL RESTRICTIONS</b> <input type="checkbox"/> YES <input type="checkbox"/> 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:** \_\_\_\_\_

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

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