

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
25/26 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	[] MALE [] FEMALE
PLACE OF BIRTH	ETHNICITY (choose one) [] Hispanic [] NOT Hispanic or Latino	RACE (choose one or more, regardless of ethnicity) [] American Indian or Alaskan Native [] White [] Black or African American [] Asian [] Native Hawaiian or Other Pacific Islander	
T-SHIRT SIZE (circle one): YXS 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

SIBLING INFORMATION:

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

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 _____
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.

NAME	RELATIONSHIP TO CHILD	PHONE NUMBERS
NAME	RELATIONSHIP TO CHILD	PHONE NUMBERS
NAME	RELATIONSHIP TO CHILD	PHONE NUMBERS
NAME	RELATIONSHIP TO CHILD	PHONE NUMBERS

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.

LIST KNOWN ALLERGIES	MEDICATIONS/EPI-PEN/INHALER	PHYSICAL RESTRICTIONS <input type="checkbox"/> YES <input type="checkbox"/> NO
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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 _____