



St. Paul Lutheran School

718 Arbor Court
South Haven, Michigan 49090
Phone: 269-637-4459
www.stpaulsouthhaven.com

STUDENT ENROLLMENT FORM

PARENTS MUST READ THE STUDENT/PARENT HANDBOOK BEFORE FILLING OUT THE APPLICATION.

Student Information

Student's Full Name: _____
Last First Middle

Nickname: _____ Male _____ Female _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Current Age: _____

Date of Birth: _____ Place of Birth: _____

Baptized: YES OR NO Church (name/city, state): _____

Date Baptized: _____ Church Attending: _____

Name of Previously Attended School(s) (include City/State): _____

Grade Last Completed: _____ Grade Applying For: _____ Year Applying For: _____

Reason for Applying: _____

1. Has your child had any academic difficulty in school thus far? _____
2. Has your child had any social difficulty in school thus far? _____
3. Does your child have any physical disabilities? _____
4. Has your child ever been retained in a grade? _____
5. Has your child ever been promoted more than one grade in a year? _____

If your answer is yes to any of the previous four questions, please explain fully on another sheet of paper.

St. Paul Lutheran will contact the administration of your child's previous school to review his/her records.

(please allow 1-2 weeks for review of your child's records).

Primary Household Information – Physical Address

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

LEGAL PARENT/GUARDIAN LIVING AT PRIMARY HOUSEHOLD

ADULT 1	Last Name:		First Name:		Suffix	Relationship:	
	Cell Phone:	Work Phone:		Landline, if applicable:		Occupation:	
	Email address:						
	Home Church:					Name of Pastor:	

ADULT 2	Last Name:		First Name:		Suffix	Relationship:	
	Cell Phone:	Work Phone:		Landline, if applicable:		Occupation:	
	Email address:						
	Home Church:					Name of Pastor:	

Secondary Household Information – Parent/Guardian – if applicable

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

SECONDARY HOUSEHOLD INFORMATION – PARENT/GUARDIAN

ADULT 1	Last Name:		First Name:		Suffix	Relationship:	
	Cell Phone:	Work Phone:		Landline, if applicable:		Occupation:	
	Email address:						
	Home Church:					Name of Pastor:	

ADULT 2	Last Name:		First Name:		Suffix	Relationship:	
	Cell Phone:	Work Phone:		Landline, if applicable:		Occupation:	
	Email address:						
	Home Church:					Name of Pastor:	

Non-Household Emergency Contacts – Contact persons if a parent/guardian cannot be reached

Last Name:	First Name:	Relationship:
Cell Phone:	Other Phone:	Contact Priority# 1 st 2 nd
Last Name:	First Name:	Relationship:
Cell Phone:	Other Phone:	Contact Priority# 1 st 2 nd

List ALL other children in the household, including age, if applicable.

ALL FAMILIES PLEASE ANSWER QUESTIONS 1-5 (CIRCLE YES OR NO / IF NO PLEASE EXPLAIN.)

YES OR NO 1. I agree to have my child participate with his/her class when scheduled to sing in church.

EXPLAIN: _____

YES OR NO 2. I agree to be supportive of the school, its teachers and its policies.

EXPLAIN: _____

YES OR NO 3. I agree to be prompt in making tuition and other school-related payments.

EXPLAIN: _____

YES OR NO 4. I have been informed about St. Paul's Bible Information Class policy and its requirements.

EXPLAIN: _____

YES OR NO 5. I have read the school handbook, agree with the presented policies, and agree to abide by its standards.

EXPLAIN: _____

Please contact the school principal, Steve White at whitesk630@gmail.com or 269-637-4459 ext 3 if you have question about any of the items on this application

Father's Signature

Date

Mother's Signature

Date

OFFICE USE ONLY – ENROLLMENT CHECKLIST

Certified Birth Certificate	Teacher: _____
Immunization Records	Grade: _____
Hearing Test	Enrollment Date: _____
Vision Test	Home Language Survey
Transportation Form	Special Services (IEP/504)
Permission Forms – Computer, Field Trip, Pictures	Custody Court Order

Legal Information – Parent Notification Regarding Child Custody

As per State and Federal Law (MCL 722.30 & FERPA), please be advised that St. Paul Lutheran School recognizes the equal rights of parents and guardians as indicated on a certified birth certificate or legal court order.

In cases where parents/guardians are legally separated, divorced and/or those parents who simply have ongoing custody issues between them, the parental rights of both parties will be equally recognized by your child's school, unless and until a parent/guardian has presented a legal court order that specifically restricts or denies the non-custodial parent's access to the child at school, the child's school records, or other protective order.

To accommodate a custodial parent's request to deny non-custodial parent's rights to access or receive information on a child, the school must have a copy of the most recent court order on file that indicates one parent's access and information rights are inhibited. Otherwise either parent with proper identification, may have access to the child at school, request and receive information, and be included in the child's educational process. **PLEASE PROVIDE CUSTODIAL DOCUMENTS UPON ENROLLMENT.**

Parent Signature

Date

Not applicable to the student at this time

Special Services – Provided at previous district/school

1. Does your child have an Individualized Education Plan (IEP) from a previous school? Yes No

2. Does your child have a Section 504 Plan from the previous school? Yes No

Parent Signature

Date

Not applicable to the student at this time

Health Information

Immunization Record – A copy of the student's official immunization record or waived record Yes No

Hearing/Vision Screening – Preschool, Kindergarten and 1st grade Yes No

I hereby authorize school officials to seek medical treatment from an appropriate emergency medical treatment facility, and if deemed necessary, to transport the student to such facility.

Hospital Preference: _____

Parent Signature

Date

Specific Student Health Concerns

List any ONGOING diagnosed medical conditions (allergies, health conditions, etc.) or other information which you want teacher and office staff to be aware of. This information will be available for all authorized staff.

- NONE**
- YES, see below**
- ASTHMA**
- DIABETES**
- MEDICATIONS**
- SEIZURES**
- SEVERE FOOD OR BEE ALLERGY**
- OTHER, explain:** _____

Parent Signature

Date

Permission to Photograph

I grant permission for St Paul Lutheran School to photograph and/or videotape my child and my child's work as part of the educational program produced by the school. This may include, but not be limited to, newsletters, media releases, marquee, and website information. I understand that my child's image, name, school, and grade may be revealed. Photos may be taken at various times throughout the year without advance notice.

Parent Signature

Date

Field Trip Permission

I grant permission for my child to participate in field trips sponsored by St. Paul Lutheran School which will take my child away from the school premises. I understand this approval is for the school year and I will be notified by my child's teacher prior to each field trip.

Parent Signature

Date