



St. Paul Lutheran School

POLICY ACKNOWLEDGEMENT FORM

Revised August 2011

- ◆ Financial Policies (revised February 2011)
- ◆ Guidelines for Student Appearance (revised August 2010)
- ◆ Guidelines for Student Behavior (revised January 2010)
- ◆ Possible Consequences for Inappropriate Behavior (revised January 2007)
- ◆ After School Policy (revised February 2005)

I have been provided with a St. Paul Lutheran School Handbook containing the above listed policies. I have read and understand these policies and will review the stated guidelines for student appearance and behavior with my child(ren).

Student Name(s)

Parent/Guardian Signature

Date

KINDERGARTEN FORMS :

- Policy Acknowledgement Form (See above)
- Student Enrollment Form (Pages 2-4)
- KINDERGARTEN ~ Application Information Form (Page 4)
- Student Health Exam Form (Enclosure)

Please send me an email with the link for SPL Church "Good News" newsletter instead of a paper copy.

Signature

FORMS AVAILABLE IN THE SCHOOL OFFICE:

- Simply Giving® Automatic Withdrawal Enrollment Form
- Annual School Calendar**when available
- Athletic Physical / Parent Consent Form (Athletic Participants only)
- Authorization to Administer Prescriptive Medication
- Authorization to Administer Non-Prescriptive Medication

ST. PAUL LUTHERAN SCHOOL

Michigan City, Indiana

STUDENT ENROLLMENT FORM

Revised January 2007

Date / /

STUDENT INFORMATION

Student's Full Legal Name _____ Grade Entering _____
First Name Student Goes By: _____ Age _____ Date of Birth ___ / ___ / ___
Street Address _____ City _____
State _____ Zip Code _____ Home Telephone (_____) _____
School Last Attended _____ City _____ State _____
Date of Baptism ___ / ___ / ___ Church Baptized _____ State _____

FAMILY INFORMATION

Mother's Name _____ Home Telephone (_____) _____
Mailing Address _____
Employer _____ Work Telephone (_____) _____
Cellular Telephone (_____) _____ **e mail** _____
Spouse's Name _____ Cellular Telephone (_____) _____
Father's Name _____ Home Telephone (_____) _____
Mailing Address _____
Employer _____ Work Telephone (_____) _____
Cellular Telephone (_____) _____ **e mail** _____
Spouse's Name _____ Cellular Telephone (_____) _____

Siblings

Name _____	Grade _____	Date of Birth ___ / ___ / ___
Name _____	Grade _____	Date of Birth ___ / ___ / ___
Name _____	Grade _____	Date of Birth ___ / ___ / ___
Name _____	Grade _____	Date of Birth ___ / ___ / ___

MEDICAL INFORMATION

Primary Physician _____ Office Telephone (_____) _____
Current Medical Conditions & Medications* _____

*For medications to be distributed during the school day, a separate authorization form must be completed in the school office.

EMERGENCY CONTACT INFORMATION

Whom should we attempt to contact **first** in the event of an illness or emergency involving your child?

Name _____ Daytime Telephone (____) _____
Alternate Telephone (____) _____

Other Emergency Contact Persons:

Name _____ Daytime Telephone (____) _____

Relationship to Child _____ Cellular Phone (____) _____

Name _____ Daytime Telephone (____) _____

Relationship to Child _____ Cellular Phone (____) _____

Name _____ Daytime Telephone (____) _____

Relationship to Child _____ Cellular Phone (____) _____

CHURCH MEMBERSHIP

Church Name _____ City _____

Denomination: Circle one

- | | | | |
|------------------|-------------|-----------------|--------------------------------|
| Assembly of God | Baptist | Catholic | Christian – Non Denominational |
| Church of Christ | Episcopal | Jehovah Witness | Lutheran Methodist |
| Orthodox | Pentecostal | Presbyterian | Other: _____ |

PUBLIC SCHOOL DISTRICT AFFILIATION

Please circle the district in which student resides (identify on elementary and one middle school)

Elementary Schools

- | | | | | |
|------------|----------|------|-------------|--------------|
| Coolspring | Edgewood | Joy | Knapp | Marsh |
| Lake Hills | Niemann | Pine | Springfield | Other: _____ |

Middle Schools

- | | | | |
|--------|--------|---------|--------------|
| Barker | Elston | Krueger | Other: _____ |
|--------|--------|---------|--------------|

RACE/ETHNICITY (OPTIONAL)

This information is used only for the reporting of student population demographics to affiliated organizations. Individual student information is not released. Please circle one:

- | | | | |
|------------------------|-------------------------------|---------------------|------------------------|
| African American/Black | American Indian/Alaska Native | Arab/Middle Eastern | Asian/Pacific Islander |
| Hispanic/Latino | White | Other: _____ | |

CUSTODIAL RESPONSIBILITY

Parents are: _____ Married _____ Separated* _____ Divorced* _____ Other**

*Legal responsibility & physical custody of this child is with:

_____ Both Parents (Joint) _____ Mother _____ Father _____ Other**

FINANCIAL RESPONSIBILITY

Who assumes financial responsibility for tuition payments and applicable school fees?

___ Both Parents ___ Mother ___ Father ___ Other**

** Name(s) _____ Relationship to Student _____

Mailing Address _____

Home Telephone (_____) _____ e mail _____

Signatures are required for all parties assuming responsibility for financial obligations to St. Paul Lutheran School

Signature _____ **Date** / /

Signature _____ **Date** / /

Signature _____ **Date** / /

In case of injury or serious illness, if the school is unable to reach a parent or listed emergency contact, I hereby authorize school personnel to call the listed physician for the instructions to follow or, if that contact cannot be made, to take such action as they deem appropriate and necessary.

Signature _____ **Date** / /

If you do not belong to a church, we invite your family to attend St. Paul Lutheran Church. Are you interested in receiving information regarding church membership? ___Yes ___No

KINDERGARTEN APPLICATION INFORMATION

Reason for choosing St. Paul Lutheran School:
Describe prior academic (pre-school) experience:

For each of the following, list any experience or condition which this school needs to be made aware to work effectively with this stu-

Prior academic difficulties:
Prior disciplinary difficulties:
Prior medical difficulties:
Prior social &/or emotional difficulties: