



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 _____

JUNIOR HIGH STUDENTS ONLY:

I will review the above stated guidelines for student appearance and behavior with my parent/guardian.

Student Signature _____ Date _____

Student Signature _____ Date _____

TRANSFER STUDENT FORMS :

- Policy Acknowledgement Form
- Student Enrollment Form
- TRANSFER STUDENT ~ Application Information Form
- TRANSFER STUDENT ~ Record Request
- Computer Use Policy
- Athletic Physical / Parent Consent Form (Athletic Participants only)
- Gym Class Apparel Order Form (Grades 5-8)

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
- Junior High Class Schedule (Grades 6-8)*
- Annual School Calendar* *when available
- Authorization to Administer Prescriptive Medication
- Authorization to Administer Non-Prescriptive Medication

ST. PAUL LUTHERAN SCHOOL

Michigan City, Indiana

STUDENT ENROLLMENT FORM

Revised February 2011

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

TRANSFER STUDENT INFORMATION GRADE _____

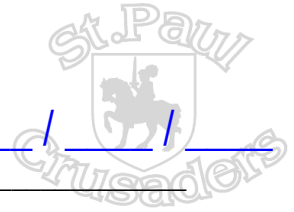
Reason for choosing St. Paul Lutheran School:
Describe prior academic (pre-school) experience:

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:

ST. PAUL LUTHERAN SCHOOL

818 Franklin Street, Michigan City, Indiana 46360-3508
 219/874-7409 Office / 219/874-6462 Fax / stplschooll@stpaulmichigancity.com



TRANSFER STUDENT RECORD REQUEST

Date ____/____/____

Current School Name: _____

City _____ State _____ Zip Code _____

Telephone (____) _____

I/We have applied for a transfer of our child (Student Name: _____

& Date of Birth ____/____/____) to St. Paul Lutheran School. Please complete the requested information and provide copies of my child's student records as applicable for completion of our transfer application.

At which time we choose to transfer our child, a request will be made for an official permanent record transfer. Your prompt attention to this matter is appreciated.

Parent/Guardian Signature: _____

Printed Name: _____

Street Address: _____

City _____ State _____ Zip Code _____

Home Telephone (____) _____

Please provide copies of the following:			
Standardized Achievement Test Scores			
Prior Year Grade Reports			
Current Year Grade Reports			
Please complete the following information:			
Date(s) of Enrollment:			
Attendance Record for Current Academic Year as Follows:			
Days Present:	Days Absent:	Times Tardy:	

Please indicate if this student is receiving the assistance of any special services or determined to be a handicapped child as that term has been defined by P.L. 94-142?			
<input type="checkbox"/>	Mentally Handicapped	<input type="checkbox"/>	Speech Impaired
<input type="checkbox"/>	Hearing Impaired	<input type="checkbox"/>	Deaf/Blind
<input type="checkbox"/>	Visual Handicap	<input type="checkbox"/>	Orthopedically Impaired
<input type="checkbox"/>	Multi-Handicapped	<input type="checkbox"/>	Seriously Emotionally Disturbed
<input type="checkbox"/>	Learning Disabled	<input type="checkbox"/>	
<input type="checkbox"/>	Other:	<input type="checkbox"/>	

Please return this form along with requested information to St. Paul Lutheran School at the address or fax number provided above. If you have any questions, please contact Cheryl Daurer, Administrative Assistant.

St. Paul Lutheran School

COMPUTER ~ Acceptable Use Policy

6th, 7th & 8th grade students

New enrollment students



Dear parents,

We are pleased to offer computer technology to our students. To ensure that every student benefits from the time spent with the computers, and to prevent technical problems, please review the following technology contract with your child. It is important that these rules are clearly understood and followed.

Student's use of school's technology is a privilege which, at the discretion of the school administration, may be revoked by the school at any time. The school reserves the right to seek financial restitution for any damage(s) caused by a student or other users.

1. I **will** use only the computer that is assigned to me and will not attempt access to any unauthorized computer.
2. I **will not** attempt to use any software or hardware without the approval of the instructor.
3. I **will not** vandalize any software or hardware.
4. I **will not** modify any system settings on any computer.
5. I **will not** disrupt the privileges of other computer users or misrepresent other computer users.
6. I **will not** copy, change, read, or use anyone else's software or files without prior permission from the instructor.
7. I **will** use the Internet exclusively for activities which are specified by the instructor.
8. When on the Internet, I **will not** reveal any personal information about myself or anyone else.
9. When on the Internet, I **will not** send messages that contain inappropriate content. This includes profanity and any other non-academic activity.
10. When on the Internet, I **will not** purchase any goods or services.
11. When on the Internet, I **will not** download, upload, or otherwise gain access to any unauthorized material(s).

Please retain the above for your records and return the bottom portion to the office.

I understand and will abide by the Acceptable Use Policy.

I understand that violating any part of this agreement will result in disciplinary action.

STUDENT SIGNATURE: _____ **DATE:** _____

I have explained and discussed this agreement with my child and he/she understands and agrees to abide by the aforementioned conditions for use of school computers and computer equipment.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____



STUDENT ATHLETICS: CONSENT & RELEASE FORM

Student Name: _____ Grade: _____
 Address: _____

Participation in an athletic program has risks as well as benefits. Involved students are always susceptible to minor, and sometimes major, injuries during events and during practices. It is with full understanding of these risks that I hereby give consent for my child to participate in the following sports. I also release and hold harmless this school and other schools of all responsibility and liability for any injury or claim resulting from such participation.

- Soccer (5-8) Volleyball (5-8) Basketball (5-8) Track (5-8)
 Cross Country (K-8) Cheerleading (5-8)

I understand that this form must be completed annually for my child to participate in athletic programs. This Parental Consent and Physician's Clearance will expire one year from the corresponding dates signed below.

Parent/Guardian Signature: _____ Date: _____
 Parent Employer: _____ Work Telephone: _____
 Home Telephone: _____ Cellular Telephone: _____

Medical Information & Authorization

Preferred Doctor _____ Telephone _____
 Preferred Dentist _____ Telephone _____
 Insurance Company _____ Policy Number _____

Whenever my child is involved in an activity, and I am temporarily unavailable for necessary medical decisions, I grant to the school principal, or his/her designate, the authority to act for me on any emergency medical decisions that need to be made for my child.

Parent/Guardian Signature: _____ Date: _____

PHYSICIAN'S CLEARANCE & CONSENT

<u>PHYSICAL EXAMINATION REPORT</u>		<u>Exam Date:</u>	
Height	Weight	Blood Pressure	Pulse
Is Athlete Asthmatic?		Last Tetanus Shot Received	
Abnormal Findings/Comments			
Restrictions			

I hereby certify that this athlete was examined by me. At that time, no physical condition was detected which would reasonably be anticipated to render this athlete physically unfit to engage in any sport, except, (if none, state none).

Signature of Physician: _____

Address: _____ Telephone: _____

ST. PAUL GYM CLASS APPAREL ORDER

GRADES 5-8 only

White T-Shirt

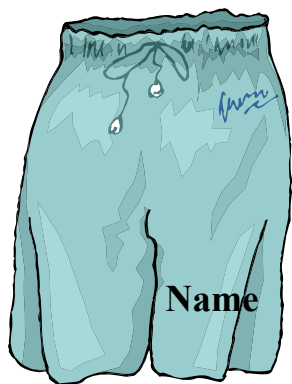


YOUTH SIZES

ADULT SIZES

MD LD S M L XL XXL

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Shorts

YOUTH SIZES

ADULT SIZES

MD LD S M L XL XXL

--	--	--	--	--	--	--

Cost \$17.00/set

Student: _____

Grade: _____

Parent/Guardian

NAME

PHONE

TOTAL \$
