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Enrollment Checklist

We are excited that you and your family have chosen St. John's Lutheran School! Following are the things you will need to complete and bring to the school in order to enroll.



1. Complete the Registration Form. If you are enrolling more than two children, please attach a sheet with the additional information.



2. Include a copy of the birth certificate for each student enrolling for the first time at St. John's (including Kindergarteners).



3. Provide a Health Appraisal for each child. Be sure to attach an immunization record from your doctor to each Health Appraisal.



4. Complete the Immunization Disclosure form. (Note that one form applies to all children in your family who attend St. John's Lutheran School.)



5. Complete the Request for Scholarship if you are requesting tuition assistance, and attach a copy of your most recent Federal Income Tax Return.

Please bring all of the above information to the school office by August 1, along with a nonrefundable \$250 deposit that will be applied to your tuition bill.

Please plan to attend our Open House, where you will receive additional information about how to prepare your child for the school year. We'll share the date for this event when you stop by with your registration information.

A Quick Note

If you are enrolling for the fall semester, it is very helpful for us to know by the beginning of August. However, we recognize that needs and decisions can change. We welcome you and your child at any point during the year.



	PARENT/GUARDIAN #1	PARENT/GUARDIAN #2
FIRST NAME		
LAST NAME		
RELATIONSHIP TO STUDENT		
STREET ADDRESS		
CITY, STATE, ZIP		
HOME PHONE		
WORK PHONE		
CELL PHONE		
OCCUPATION		
EMPLOYER		
BUSINESS ADDRESS		
EMAIL		
CALL ORDER	Call <input type="checkbox"/> First <input type="checkbox"/> Second	Call <input type="checkbox"/> First <input type="checkbox"/> Second
	EMERGENCY CONTACT #1	EMERGENCY CONTACT #2
FIRST NAME		
LAST NAME		
RELATIONSHIP TO STUDENT		
STREET ADDRESS		
CITY, STATE, ZIP		
HOME PHONE		
WORK PHONE		
CELL PHONE		

NAME OF FAMILY DOCTOR
PHONE NUMBER

1) I give my permission to include our name, phone number, address in the school directory. ■ YES ■ NO

2) I am interested in volunteering at the school in the following way(s):

Student Application (please enter all information; you may use "same" if duplicate information)

	STUDENT #1	STUDENT #2
Grade Level:	Current Grade (today): _____ Grade to be enrolled: _____ (in September)	Current Grade (today): _____ Grade to be enrolled: _____ (in September)
STUDENT'S LEGAL NAME		
STUDENT STATUS	<input type="checkbox"/> New Student <input type="checkbox"/> Returning Student	<input type="checkbox"/> New Student <input type="checkbox"/> Returning Student
GENDER	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
ETHNICITY		
DATE OF BIRTH		
PLACE OF BIRTH (attach copy of birth certificate for new students)		
STUDENT LIVES WITH (check all that apply)	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Others <input type="checkbox"/> Step-Father <input type="checkbox"/> Step-Mother	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Others <input type="checkbox"/> Step-Father <input type="checkbox"/> Step-Mother
MEDICAL BRIEF (check if applicable)	<input type="checkbox"/> Allergies <input type="checkbox"/> Daytime prescription <input type="checkbox"/> Other	<input type="checkbox"/> Allergies <input type="checkbox"/> Daytime prescription <input type="checkbox"/> Other
SCHOOL OF ORIGIN (your district public school)		
PRESENT SCHOOL/ADDRESS		
PRESENT CHURCH/ADDRESS		

THIS FORM MUST BE READ AND SIGNED BY BOTH PARENTS OR GUARDIANS

We understand and fully appreciate that the course of instruction offered by St. John's Lutheran School is very important to our child. In addition to the courses prescribed by the public school system, it also offers our child invaluable Christian training. In order to accomplish this, St. John's Lutheran School must have the cooperation of the home. We therefore pledge our full and active support to the Faculty and the Board of Day School Education in carrying out the Christian philosophy and objectives of St. John's Lutheran School and promise to do the following:

1

We pledge that we will set our child an example of Christian living by regular attendance at Church services, and by putting to practice what we learn and know to be the will of God.

2

We will accept the faculty of St. John's Lutheran School as God's representatives while our child is at school, even as we are God's representatives to our child; and to support school discipline and to set our child a good example of respect for his/her teacher.

3

We agree to pay all fees and charges on time, meet our financial obligations to the church, and feel it our responsibility to attend PTL meetings.

We hereby make application for the enrollment of our child(ren) in St. John's Lutheran School

SIGNATURE OF PARENT/GUARDIAN

DATE

SIGNATURE OF PARENT/GUARDIAN

DATE

Immunizations are an important part of keeping our children healthy. Schools, along with State and local health departments, must monitor immunization levels to ensure that all communities are protected from potentially life-threatening diseases and, if necessary, respond promptly to an emerging public health threat. It is important these disease threats be minimized through the monitoring of students being immunized.

Sharing immunization and personally identifiable information, including the student's name, date of birth, gender and address with local and state health departments will help keep your child safe from vaccine-preventable diseases. The Family Educational Rights and Privacy Act (FERPA) 20 U.S.C. §1232g, requires written parental consent before personally identifiable information from your child's education records is disclosed to the health department.

You may withdraw your consent to share this information at any time by providing written notice.

I authorize St. John's Lutheran School to release my child's immunization record to the Michigan Department of Health and Human Services and Local Health Department. I understand this information will be used to improve the quality and timeliness of immunization services and to help schools comply with Michigan law. This includes any immunization information and limited personally identifiable information from the school.

 CHILD'S NAME

 DATE

 DATE OF BIRTH (mm/dd/yy)

 SIGNATURE OF PARENT/GUARDIAN

 PARENT/GUARDIAN NAME (printed)


Request for Scholarship

St. John's Lutheran School is able to provide a limited amount of tuition assistance to families based on the following criteria:

- Financial need of the family.
- Cooperation with and support of the church and school by family.
- Potential for growth in a Christian school environment.

To apply for tuition assistance, please do the following:

- Complete this request form, including the explanation of need on the back side.
- Return this form and a copy of your most recent Federal income tax return to the school office with your enrollment materials.



Family Information

NAME OF PARENT/GUARDIAN

NAME OF PARENT/GUARDIAN

Number of Adults in Household _____

CHILD NAME/AGE at St. John's Lutheran School

CHILD NAME/AGE at St. John's Lutheran School

CHILD NAME/AGE at St. John's Lutheran School

CHILD NAME/AGE at St. John's Lutheran School

Total number of persons in household _____

continues on back

Reasons for Requesting Assistance

Please explain why you are unable to pay the full tuition rate. (Ex: amount and type of unusual expenses, unanticipated hardships, etc.)

Important Notes

Each application is valid only for the year in which you apply. A new application must be made for each subsequent year that assistance is requested.

- The Scholarship Committee will review this application in early fall. The maximum amount that can be granted is 50% of total tuition. You will be notified in writing regarding the amount of support that will be provided.
- All information on this application is confidential and will be shared only with the Scholarship Committee members.

Authorization:

We declare that the information on this form is true, correct, and complete to the best of our knowledge.

Parent/Guardian's Signature and Date

Parent/Guardian's Signature and Date