



Christ Lutheran School

Jesus said,
"Let the little children come to me..."
Luke 18:16

PARENTAL CHECKLIST FOR NEW STUDENT APPLICATIONS

KINDERGARTEN APPLICANTS

- Application Form
- Health Appraisal - *before the first day of school*
- The Revised School Code (Act 451 of 1976, section 380.1177) states that Kindergarten students are required to have their vision screened and documentation given to the school prior to the first day. If your child attended a preschool in Michigan this would be the pink sheet from the Health Department for Vision & Hearing Screening.

1ST – 8TH GRADE APPLICANTS

Call and make an appointment with the Principal.

At your meeting please return

- Application Form
- Certified Student Discipline Record
(Fill out top portion and return to the office. This must be done **BEFORE** the Principal's consent to enroll is given.)
- Discuss any Medical Concerns/Food Allergies/Learning Disabilities

After your meeting please return

- Authorization for Release of Records Form
(Sign and return to the office **AFTER** consent to enroll is given)
- Health Appraisal required for **ALL NEW STUDENTS** – *before the first day of school*
- Sport Physical required for students in grades 3rd – 8th who wish to participate in sports

Please return all completed forms to:

Christ Lutheran School
Attn: Amy Cole
4333 Cleveland Ave.
Stevensville, MI 49127

A child is not considered enrolled until all forms are received along with the registration fee deposit. A deposit of one-half of registration fees per student is required for all students registering for our day school. The balance of your registration fee is due by August 15.



Christ Lutheran School New Student Application

School Year _____

Entering Grade _____

Today's Date _____

STUDENT'S LEGAL INFORMATION

Last Name	First Name	Middle Name	Nickname / preferred name
Birthdate	City & State Born In		Primary Phone / is this a cell? _____
Physical Address			Township or City/Village
Mailing Address			School District

RACE & ETHNICITY –2 PART QUESTION – OPTIONAL

If not answered the US Department of Education requires us to supply an answer on your behalf

1) RACE (select all that apply)

- American Indian/Alaskan Native** (origins in any of the native peoples of North, South, or Central America, or tribal affiliation)
- Asian** (origins in any of the native people of the Far East, Southeast Asia, or the Indian subcontinent)
- Black/African American** (origins in any of the black racial groups of Africa)
- Hispanic/Latino**
- Native Hawaiian/Pacific Islander** (origin in any of the native peoples of a Pacific Polynesian Island)
- White** (origin in any of the native peoples of Europe, North Africa, Russia, or the Middle East)

2) ETHNICITY

- Hispanic**
- Non-Hispanic**

STATEMENT OF GUARDIANSHIP

We agree that the school campus is not the appropriate venue for resolution of marital or custodial disputes. Any violation hereof will be referred to the Christ Lutheran School Board of Christian Education for appropriate action.

All current court documentation concerning the custody of students **MUST** be on file with the school before the child may be enrolled.

This child lives with: Both Parents Mom Dad Other: _____

Are there custody issues that the school needs to be aware of? Yes No

Explain:

Yes, I am the parent or legal guardian for the named student

Signed _____ Date _____

PREVIOUS SCHOOL INFORMATION

Previous school _____

Last grade successfully completed _____

School Address _____

Has student ever been or currently under ***expulsion*** from school?
 Yes No

Has student ever been or currently under ***suspension*** from school?
 Yes No

Explain:

I certify that the above statement is accurate and truthful. _____
 (Signature of Parent/Guardian)

RELIGIOUS BACKGROUND

Has Child been baptized in the name of the Father, Son, and Holy Spirit? Yes No

If yes, what church? _____

Date of Baptism _____

What church does your family currently attend?

CONSENT FOR FIELD TRIPS & PUBLICATION OF PHOTOS

- As the parent/legal guardian of the above named student I hereby give my consent for Christ Lutheran School to arrange transportation for my child to attend Field Trips that are prescribed by the school. I understand that all adults who wish to drive students other than their own must submit to a background check. I may obtain a background check request from the school office. Christ Lutheran School reserves the right to deny any parents that may not meet the standards set by the school.
- As the parent/legal guardian of the above named student I hereby give my consent for Christ Lutheran School to use my child's image in school publications. This includes but is not limited to: Newsletter, Christ Times, Yearbook, and the School's Website.
 NOTE: on the website we ***never*** publish children's names or ages.
- As the parent/legal guardian of the above named student I hereby give my consent for Christ Lutheran School to send my child's image to non-school publications. This includes but is not limited to: Harold Palladium, MailMax, and Michigan in Touch.
 NOTE: we ***never*** give such publications children's names or ages; we only supply a picture and a description of the event.

Signature of Parent/Legal Guardian _____ Date: _____

OTHER CHILDREN IN FAMILY

Name	Birthdate	Name	Birthdate

CHRIST-CENTERED EDUCATION

We want a Christ centered education for our child. It is for this reason that we enroll this child. We want Christ in our family life also. To this end we commit ourselves to regular church attendance and reading of the Bible. We plan to set a proper example for our child and we expect him/her to grow in leading a sanctified life. Love, repentance and forgiveness will be important parts of this life in Christ. God help us.

Father's Signature/Guardian #1 _____ Date _____

Mother's Signature/Guardian#2 _____ Date _____

FATHER / GUARDIAN #1

Last Name	First Name	Spouse
Address (if different from students)		
Mailing Address		
Home Phone	Cell Phone	Work Phone
Email (newsletter is delivered via email)		Place of Employment

MOTHER / GUARDIAN #2

Last Name	First Name	Spouse
Address (if different from students)		
Mailing Address		
Home Phone	Cell Phone	Work Phone
Email (newsletter is delivered via email)		Place of Employment

EMERGENCY INFORMATION

If a child is ill or hurt and we are unable to contact a parent, whom should we call? (Please list names in your preferential order)

Name	Phone	Cell
Name	Phone	Cell

In case of accident or serious illness, I request that the school notify me. If the school is unable to reach me, I hereby authorize the school to call the physician listed below, and to follow his/her instructions. If it is impossible to contact the physician, the school may make whatever arrangements seem necessary.

Signature of Parent/Guardian _____

Local Physician's Name: _____ Office Number: _____

CONSENT TO ENROLL [OFFICE USE ONLY]

The Christ Lutheran School in regards to the enrollment application of the named student has elected to:

Deny Enrollment _____ Accept Enrollment _____

The family understands that acceptance is on a nine month probationary period and may start class on _____

Signature of Principal _____

Date _____