St. John's Lutheran School
West Bend, WI 53095
2012 - 2013
RETURNING STUDENT REGISTRATION FORM

Our mission is to
prepare children for eternal life,
nurture children as effective Christian citizens,
assist parents in their important role of raising children in the ways of the Lord

All registrants are subject to the policies and procedures of St. John's Lutheran School as described in the Parent Handbook and the Procedural Manual. St. John's Lutheran School reserves the right to modify, augment, suspend, or revoke any and all policies, procedures, practices, and statements contained in the Parent Handbook and the Procedural Manual.

Returning students may begin registering on January 16. **Enrollment of returning students after January 30 will be determined by the date enrollment forms are received and dependent upon class size limits. Therefore all returning students must register by January 30 to be guaranteed enrollment.**

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_____ _____ _____
FAMILY NAME PARENT OR GUARDIAN TELEPHONE

_____ _____
ADDRESS CHURCH MEMBERSHIP

_____ _____ _____
CITY ST ZIP

STUDENT NAME _____ 2012-2013 grade level_____
Last First Middle

STUDENT NAME _____ 2012-2013 grade level_____
Last First Middle

STUDENT NAME _____ 2012-2013 grade level_____
Last First Middle

STUDENT NAME _____ 2012-2013 grade level_____
Last First Middle

By registering my children listed above, I hereby agree to cooperate and adhere to the established policies, procedures, and practices of St. John's Lutheran School.

Signature_____ Date_____

St. John's Lutheran School admits students of any sex, race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of sex, race, color, or national or ethnic origin in administration of its educational policies, admissions policies, and athletic and other school-administered programs. If space is available, children from the community are welcome to enroll. If enrolled, non-member students will not be discriminated against in any way and will be treated as any other student in terms of its policies.

(Additional information required on reverse side)

Father's Name_____ Work Phone _____ Cell Phone_____

Mother's Name_____ Work Phone _____Cell Phone_____

Email Address: _____

I give consent and hereby agree:

___yes ___no to have my child taken to a physician if I cannot be contacted and the faculty feels such action is warranted, and I will be financially liable for the same

___yes ___no to have the school staff administer first aid

___yes ___no to have my child participate in the curricular activities of the school program

___yes ___no to have his/her picture taken while involved in a school activity for public relations purposes

Payment Options Please check

(_____) 12 monthly payments on the first of the month July through June

(_____) In full on or before September 1, 2012

(_____) Other by approval of the Business Administrator

(For office use only)

Date received_____

Family Count _____ Status_____ Date remitted to SJLC: _____