



St. Paul Lutheran School

Student Registration and Emergency Information

A form must be completed for each student attending St. Paul Lutheran School.

Completion of this form officially enrolls your child.

STUDENT NAME (FIRST, MIDDLE, LAST)

GRADE ENTERING

DATE OF BIRTH

Pre-School and Transitional Kindergarten Students - Please circle days attending: Mornings Only MON TUES WED THUR FRI
Full Days MON TUES WED THUR FRI

Student's HOME ADDRESS

If no changes from the 2022-2023 school year are needed, please complete and sign all of page one only. If information has changed, please make the necessary changes, sign the "Delegation of Right to Consent for Medical & Dental Treatment of a Minor," "Field Trip Release," check Yes or No for the "Media Release" below and sign the "Parent /Legal Guardian Declaration" on page 4.

Delegation of Right to Consent for Medical and Dental Treatment of a Minor Child

I am parent/guardian of _____, a minor of whom I have legal custody. I authorize any staff member of St. Paul Lutheran School and Church, West Point, Nebraska, in my absence to consent to medical, surgical, or dental treatment and diagnosis to be rendered to the above minor under the supervision and on the advice of any physician or surgeon, or dentist licensed to practice in the State of Nebraska.

This delegation is intended to be in effect from August 14, 2023 to May 31, 2024.

Dated ____ day of _____, 20____. _____

Signature of Parent/Guardian

FIELD TRIP RELEASE

I give permission for my child to attend the activities/field trips offered throughout the year. I release St. Paul School, Staff and Volunteers for any and all liability for accident, injury, etc. which may occur during the time of any school day and/or activity. _____

Signature of Parent/Guardian

MEDIA RELEASE

In order to share our faith, promote our school, and tell others about the great things happening at our school, **we are requesting your permission to post photographs** of your child on our school website, the plasma screen in the main lobby, the West Point News, on social media, and other outlets as the need arises. If you agree, please check yes. No Yes

PARENT/LEGAL GUARDIAN DECLARATION

The information provided for the 2022-2023 school year is still true, correct and complete. I have identified all parents and legal guardians for my child. The individuals identified as the "parent/legal guardian" have the right to view student information and make educational decisions for this child, unless otherwise indicated here and supported with legal documentation.

Further, I recognize that it is my responsibility to notify the school should the above information change.

Date: _____

Signature of Parent/Guardian

Office Use Only: Date Form Returned _____
Date 1st Day of School _____
Date Entered into TeacherEase _____

Please fill out completely. These phone numbers are important in the event of an emergency.

FATHER/GUARDIAN

MOTHER/GUARDIAN

NAME _____
ADDRESS (IF DIFFERENT FROM STUDENTS') _____
HOME PHONE _____
CELL PHONE _____
WORK PHONE _____
PLACE OF WORK _____
OCCUPATION _____
E-MAIL _____

NAME _____
ADDRESS (IF DIFFERENT FROM STUDENTS') _____
HOME PHONE _____
CELL PHONE _____
WORK PHONE _____
PLACE OF WORK _____
OCCUPATION _____
E-MAIL _____

EMERGENCY CONTACTS other than parents, listed above

NAME _____
HOME PHONE _____
CELL PHONE _____
WORK PHONE _____
Relationship to Student _____

NAME _____
HOME PHONE _____
CELL PHONE _____
WORK PHONE _____
Relationship to Student _____

MEDICAL CONCERNS

Please list any Medical Conditions: _____

Currently Prescribed Medications: _____

Will the Medication be Administered by School Staff? No Yes

*** If "Yes" please be sure to fill out a Medication Form.***

Does the Child have **Asthma**? No Yes

Allergic to **Bee** Stings? No Yes

Allergic to **Peanut** Products? No Yes

Any Other **Allergies**? Please List: _____

*** The school office must have: ***

Each Child's Health Insurance Card, Birth Certificate, & Immunization Record on file.

PLEASE NOTE: School officials will administer first aid and/or take your child to a physician or hospital for medical treatment in the event it appears necessary and neither parent/guardian can be contacted. Therefore we must have your insurance card on file.

Physician Name _____ Physician Phone _____

Dentist Name _____ Dentist Phone _____

AFTER SCHOOL

Classes are Monday through Thursday 8:00 am to 3:30 pm and Friday 8:00 am to 2:00 pm unless otherwise scheduled. After school care is provided on full school days, through our after school program, Kingdom Kids. **Please note that if your child is not picked up by 3:45 pm they will go to Kingdom Kids and charges will apply accordingly.*

Will your child be going to our after school program: Kingdom Kids? No Yes
 Full-time Drop-In

Does your child have permission to walk home after school? No Yes

Does your child have permission to walk to the West Point Public Library after school? No Yes

Other than yourself who has permission to pick up your child?

_____ Cell: _____ Home Phone: _____

_____ Cell: _____ Home Phone: _____

_____ Cell: _____ Home Phone: _____

We invite you to visit and attend church services with us at St. Paul Lutheran Church. Worship services are held Saturdays at 6 pm & Sundays at 9:00 am. Holy Communion is the weekend of the First and Third Sundays of the month. You and Your Family are Welcome to join us anytime.

Please check here, if you would like someone to contact you with more information about our church, St. Paul Lutheran Church, Missouri Synod (LCMS) No Yes

Please list your family's church (church name and town): _____

Does your family regularly attend church? No Yes

Does your child attend Sunday School? No Yes

Has your child been confirmed? No Yes

Please list the church and date: _____

Has your child been baptized? No Yes

If your child has been baptized, please list the church and date: _____

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Primary language spoken in the home: _____

Is the child adopted? No Yes

Child's ethnicity: White Asian-American African-American Hispanic-American
 Native-American Multiracial Other _____

Parents' marital status: Married Separated Divorced Remarried Single

Child is living with: Both Parents (full time) Mother (only) Father (only)

Both Parents (part time) please explain Schedule: _____

Please list all siblings' names, their ages, and the school they attend:

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Further, I recognize that it is my responsibility to notify my child's school should the above information change.

Date: _____

_____ *Signature of Parent/Guardian.*