

Student Information

Student Name: _____
Last *First* *Middle*

Address: _____
Current Public Elementary District: _____

City *State* *ZIP Code*

Home Phone: _____ **Alternate Phone:** _____

Parent e-mail Address: _____ **Social Security Number:** _____

Church: _____ **Denomination:** _____

Birth Date: _____ **Grade Next Fall:** _____ **Gender:** _____ **Race:** _____

Baptism Date: _____ **Church Where Baptized:** _____ **Birthplace:** _____ **Adopted:** _____

Parent Information

Father's Name/Address: _____

Father's Employer/Occupation: _____ **Father's Work Phone:** _____ **Father's Cell Phone:** _____

Name of Church where member: _____ **Denomination:** _____

Mother's Name/Address: _____

Mother's Employer/Occupation: _____ **Mother's Work Phone:** _____ **Mother's Cell Phone:** _____

Name of Church where member: _____ **Denomination:** _____

Stepparent Information: _____ **Phone:** _____

Parental Marital Status: _____ **If divorced, child is in the custody of which parent:** _____

Text Messaging-I would like to receive text messages from SJL's Fast Direct System **Yes** **No** **Provider** _____ **Fees from your provider may apply.*

Health/Emergency Information

Emergency Contact: _____ **Relationship to student:** _____

Emergency Contact: _____ **Relationship to student:** _____

Emergency Contact: _____ **Relationship to student:** _____

Medical Insurance: _____

Physician: _____ **Office Phone:** _____

Dentist: _____ **Office Phone:** _____

Significant Medical History (Surgery, Seizures, Diabetes, Asthma, Other) _____

Current Medications: _____ **Allergies:** _____

Chronic Physical Problems: _____

History of Hospitalization: _____

Health Information Continued

Diseases this child has had: _____

Medications, Food Supplements, Modified Diet or Fluoride Supplements: _____

In case of an emergency when parents cannot be reached, I hereby give my permission to the St. John Lutheran School representative to obtain proper medical attention.

Date: _____

Parent Signature: _____

Family Information

List of Persons to whom this child can be released: (Please Print) _____

List of Persons not permitted to pick up this child: (Please Print) _____

Restraint or Custody Papers or Divorce decree attached

Yes No

Restraint or Custody Papers or Divorce decree attached

Yes No

Please list brother's/sister's & ages: _____

CARE GRANT/ED CHOICE Information

St. John Lutheran School has established a CARE GRANT fund for those who may need financial assistance for their children to attend St. John. This fund has been established by members and friends of St. John Lutheran Church and School who want to assist and keep the young people of our Congregation and community in an education setting that is Christ-oriented.

If students are entering Kindergarten, 1st – 6th grade and families plan on applying for a CARE GRANT, those families need to apply for the Ohio ED CHOICE Scholarship for next year. The Ohio state scholarship opens February 1st, 2020, and applications can be completed at <http://edchoice.ohio.gov>. If questions, please see the school office.

If your family would benefit from the CARE GRANT program, please state your intent below. Also, check if you have applied for an ED CHOICE Scholarship or will in the future. This will help us plan and budget accordingly.

_____ (family name) would like to receive funding through the CARE GRANT fund. I will be filling out the CARE GRANT application by the May 22 2020, deadline.

_____ (family name) will be applying for the ED CHOICE Scholarship.

Signature

The appropriate nonrefundable application fee should accompany this form.

Father's Signature _____ Date: _____

Mother's Signature _____ Date: _____

(In cases of SHARED CUSTODY both parents must sign and date this form.)

St. John Lutheran School admits students of every race, color, gender, national or ethnic origin to all the rights, privileges, programs, and activities generally accorded to or made available to students at the school. It does not discriminate on the basis of race, color, gender, national or ethnic origin in the administration of its educational policies, admissions policies, athletic or other school administered programs.

Do not sign below this line. Office use.

Approval of School Administrator _____

Date: _____

Signature