

A registration deposit of \$175.00 per student is due with registration forms. (Remaining balance due on July 31st.)

# ST. PAUL LUTHERAN SCHOOL 2024-2025 STUDENT REGISTRATION FORM

FOR OFFICE USE ONLY:	Date Received:	Amount Received:	Check Number:
STUDENT INFORMATION (Please Print)			
Students lives with: (check all that apply) <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Other _____			
Parent's Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Mother Deceased <input type="checkbox"/> Father Deceased			
<b>STUDENT NAME:</b> (Last, First, Middle)		(Nickname)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth:		Birthplace (City/State):	
Church Where Baptized & Baptismal Date:		School(s) previously attended:	
<b>STUDENT NAME:</b> (Last, First, Middle)		(Nickname)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth:		Birthplace (City/State):	
Church Where Baptized & Baptismal Date:		School(s) previously attended:	
<b>STUDENT NAME:</b> (Last, First, Middle)		(Nickname)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth:		Birthplace (City/State):	
Church Where Baptized & Baptismal Date:		School(s) previously attended:	
<b>STUDENT NAME:</b> (Last, First, Middle)		(Nickname)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth:		Birthplace (City/State):	
Church Where Baptized & Baptismal Date:		School(s) previously attended:	
<b>STUDENT NAME:</b> (Last, First, Middle)		(Nickname)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth:		Birthplace (City/State):	
Church Where Baptized & Baptismal Date:		School(s) previously attended:	
<b>Present Church Affiliation:</b>		City/State:	ZIP:
<b>Denomination:</b>			
PRIMARY RESIDENCE (Please Print)			
<b>PARENT/GUARDIAN:</b>		Relationship:	
Home Address:		City/State:	Zip:
<b>Email:</b>	School district of residence:	<b>Home or Cell Phone:</b>	
Employer:	Occupation:	Work Phone:	
<b>SPOUSE:</b>		Relationship:	
<b>Email:</b>	Home Phone:	<b>Cell Phone:</b>	
Employer:	Occupation:	Work Phone:	
SECONDARY RESIDENCE (if applicable) (Please Print)			
<b>PARENT/GUARDIAN:</b>		Relationship:	
Home Address:		City/State:	Zip:
<b>Email:</b>	Home Phone:	<b>Cell Phone:</b>	
Employer:	Occupation:	Work Phone:	

CHILDCARE			
Name:	Home Phone:	Cell Phone:	<input type="checkbox"/> Before School <input type="checkbox"/> After School
Name:	Home Phone:	Cell Phone:	<input type="checkbox"/> Before School <input type="checkbox"/> After School
EMERGENCY INFORMATION – Responsible Adult for Emergency Notification & Transportation if parents are unreachable (Please Print)			
Name:	Relationship:	Cell Phone:	Work Phone:
Name:	Relationship:	Cell Phone:	Work Phone:
Name:	Relationship:	Cell Phone:	Work Phone:
RACE – What Is the Student’s Race? Choose One or More			
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White	
ADDITIONAL CHILDREN IN FAMILY			
Name & Birthdate:		Current School:	
Name & Birthdate:		Current School:	
GRANDPARENTS INFORMATION – Use for Grandparent’s Day – please include address and zip code.			
Name:		Address:	
Name:		Address:	
Name:		Address:	
<input type="checkbox"/> Please check the box if you desire to enroll in an Adult Instruction Class so that you may investigate the possibility of joining St Paul Lutheran Church.			
Were you referred to St Paul Lutheran School by anyone? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please allow us to thank them by recognizing them _____			

If a parent or the designated adult cannot be reached and school personnel conclude that the child is in need of immediate medical attention, the Rochelle Fire Dept. Ambulance will be called and the child will be transported to the Rochelle Hospital. A student who becomes ill or injured at school will not be treated or transported by the Rochelle Fire Dept. Ambulance without an effort to obtain parental permission. Please be advised that the rules of the Rochelle Fire Dept. Ambulance require that patients will be taken to Rochelle Hospital. At the Rochelle Hospital emergency room, the patient’s condition will be analyzed and stabilized and arrangements may be made by the parents to transport the patient to the hospital of their choice. If there are any questions, please contact the school.

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

I hereby understand that this registration form is to be accompanied by the registration fee. **The registration fee is non-refundable.**

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

NOTICE OF NON-DISCRIMINATORY POLICY AS TO STUDENTS

St Paul Lutheran School, Rochelle, IL, admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to the students at the school. It does not discriminate on the basis of race, color, national, and ethnic origin in the administration of its educational policies, admission policies, scholarship and loan programs, and athletic and other school administered programs.

# St. Paul Lutheran School

## Health History Information

2024-2025

Please complete both sides. *The information on this form is confidential.*

Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Cell Number \_\_\_\_\_ Work Number \_\_\_\_\_

Parent(s)/Guardian Name(s) \_\_\_\_\_

Physician/Specialist & Phone Number \_\_\_\_\_

### **ASTHMA:**

1.) Has your child been diagnosed with asthma? \_\_\_\_\_

Date of last attack \_\_\_\_\_

2.) What causes an attack in your child? Allergies \_\_\_ Infections \_\_\_ Weather \_\_\_ Exercise \_\_\_

Anything not listed: \_\_\_\_\_

3.) Usual symptoms: \_\_\_\_\_

4.) Will your child keep an inhaler in the health office for use during school? Yes \_\_\_ No \_\_\_

(If yes and medication is to be given during school hours, medication must be provided by parent and we will need a medication permission form signed by providing physician.)

### **ALLERGIES:** (including food):

1.) Has your child been diagnosed with any kind of allergies? Yes \_\_\_ No \_\_\_

2.) What, specifically, causes an allergic reaction in your child? \_\_\_\_\_

3.) Usual or past reactions? Redness \_\_\_ Swelling \_\_\_ Itching \_\_\_ Hives \_\_\_ Rash \_\_\_

anything not listed: \_\_\_\_\_

4.) Does your child use any medication(s) for symptoms? \_\_\_\_\_

(If yes and medication is to be given during school hours, medication must be provided by parent and we will need a medication permission form signed by providing physician.)

### **DIABETES:**

1.) Which type does your child have? Type I \_\_\_ Type II \_\_\_

2.) Age of diagnosis? \_\_\_\_\_

3.) Does your child use an insulin therapy pump? Yes \_\_\_ No \_\_\_

4.) Does your child use injections? Yes \_\_\_ No \_\_\_

Is your child comfortable with self-injecting? Yes \_\_\_ No \_\_\_

(If yes and medication is to be given during school hours, medication must be provided by parent and we will need a medication permission form signed by providing physician.)

### **HEART CONDITION:**

1.) Describe problem: \_\_\_\_\_

2.) Any restriction(s): \_\_\_\_\_

3.) Any medication(s): \_\_\_\_\_

(If yes and medication is to be given during school hours, medication must be provided by parent and we will need a medication permission form signed by providing physician.)

**SEIZURE DISORDER:**

- 1.) Type of seizures: \_\_\_\_\_
- 2.) Age of diagnosis: \_\_\_\_\_ Average length of seizure \_\_\_\_\_
- 3.) Date of last seizure \_\_\_\_\_ Does your child take anti-seizure medication? \_\_\_\_\_
- 4.) Name of medication(s) taken: \_\_\_\_\_

(If yes and medication is to be given during school hours, medication must be provided by parent and we will need a medication permission form signed by providing physician.)

**OTHER HEALTH NEEDS OR CONCERNS:** (includes ADHD, dental problems, dentures, orthopedic conditions, mental health concerns, etc):

Any medications taken at home that you have not already listed: \_\_\_\_\_

Any medication(s) that will need to be kept at school: \_\_\_\_\_

(If yes and medication is to be given during school hours, medication must be provided by parent and we will need a medication permission form signed by providing physician.)

**VISION:**

Does your child wear glasses? Yes \_\_\_\_\_ No \_\_\_\_\_ Does your child wear contacts? Yes \_\_\_\_\_ No \_\_\_\_\_

**HEARING:**

Has your child ever been screened by an audiologist? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child have a hearing impairment? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child wear a hearing device? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child have hearing implants? Yes \_\_\_\_\_ No \_\_\_\_\_

**Please note:**

As the parent, you are primarily responsible for administering medication to your child. However, we are aware that you cannot always do so and may wish to have the school personnel administer or supervise your child self-administering medication. To schools, a medication is any drug purchased over the counter (for example, Tylenol, cough syrup, cough drops), as well as those prescribed by a doctor. Our schools maintain no supply of medications. Medications are to be supplied in an original container, be clearly marked with the students name and correct dosage. At school, medications will be stored in a locked cabinet and accessible only by school personnel. If a student is to have a medication on his/her person, such as an inhaler or epinephrine auto injector, there will need to be a doctor's order for this. Requests for medication administration are good for a school year only and must be renewed each school year.

**MEDICATION PERMISSION SECTION:**

I, the parent / guardian of this student, authorize St. Paul Lutheran School and its employees, in my behalf and stead, to administer or to allow my child to self-administer with supervision lawfully prescribed medication. I acknowledge that it may be necessary for the administration of medications to my child be performed by an individual other than the school nurse and specifically consent to such practice. I further acknowledge and agree that when the lawfully prescribed medication is so administered or attempted to be administered, I waive any claims that I might have against St. Paul Lutheran School and its employees, arising out of the administration of said medication. In addition, I agree to hold harmless and indemnify St. Paul Lutheran School and its employees, either jointly or severally, from and against any and all claims, damages, causes of action or injuries incurred or resulting from the administration or attempted administration of said medication(s).

\_\_\_\_\_  
Printed Parent/Guardian Name(s)

\_\_\_\_\_  
Parent/Guardian Signature(s)

\_\_\_\_\_  
Date

*\*Should you have any further questions or requests of the school office personnel, please do not hesitate to contact the school.*

***Family Notification Information***

***St. Paul Lutheran School***

St. Paul Lutheran School is continuing to make advancements in our technology which include our online **Sycamore Education System**. Through this program we will be sending out emails and/or texts regarding various items including but not limited to; registration information and forms, billing information and reminders, any weather or emergency related announcements, PTL and school event updates. When filling out this information please make sure you print clearly and the information is legible. We need to have at least one email and/or cell phone number on file in our system.

Keeping you informed is a top priority at St. Paul. That's why we will use the Blackboard Connect Notification Service which allows us to send a **telephone, text, and/or email messages** to you providing important information about school events or emergencies. We anticipate using Blackboard Connect to notify you of school delays or cancellations due to inclement weather, as well as remind you about various events, including open houses, choir singing, school auction, field trips and more. In the event of an emergency at school, you can have peace of mind knowing that you will be informed immediately.

**What you need to know about receiving calls sent through Blackboard Connect**

Caller ID will display the school's main number when general announcement is delivered.

Caller ID will display 411 if the message is a dire emergency.

Blackboard Connect will leave a message on any answering machine or voicemail.

If the Blackboard Connect message stops playing, press any key 1-9 and the message will replay from the beginning.

The successful delivery of information is dependent upon accurate contact information for each student, so please make certain that we have your most current phone numbers. If this information changes during the year, please let us know immediately.

Note that the primary phone numbers will be called for standard and emergency calls; the emergency numbers will **only** be used in an emergency, and all will be dialed simultaneously. Thank you for your cooperation and if you have any questions, please don't hesitate to contact us.

Regards,

Steven L. Hall, Principal

**Student(s) Name(s) and Grade:** \_\_\_\_\_

Primary phone #, email & Relation to Student	( )
Primary phone #, email & Relation to Student	( )
Emergency phone 2 & Relation to Student	( )
Emergency phone 3 & Relation to Student	( )
Emergency phone 4 & Relation to Student	( )

# St. Paul Lutheran School

## Registration and Tuition Fees

2024-2025 School Year

### K-8th Registration: (per student)

**K-8th:** \$500.00 (per student): \$275.00(Reg. fee) + \$100.00 (Tech fee) + \$125.00 (Textbook fee)

**A minimum deposit of \$175.00 per student is due with all registration paperwork by April 19, 2024.**

Any balance of the registration fees and the first month's tuition is due at final registration on July 31, 2024. (If the registration fee presents a financial burden to your family, please contact the school office to set up a payment plan.)

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### Preschool Registration: (per student)

\$125.00 + last month's tuition

**Monthly Tuition Fees for Preschool:** (Sept. - April, May's tuition is paid at registration. Active members of St. Paul Lutheran Church receive a \$5.00 per month tuition discount. )

5 Days/week	\$245.00 per month
3 Days/week	\$205.00 per month
2 Days/week	\$160.00 per month

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**Monthly/Yearly Tuition Fees for K -8:** Payable in 10 monthly payments, due the first day of the month. August – May (First month's tuition is due at registration on July 31, 2024.).

	<u>Community Members</u>	<u>Active Members of St. Paul</u>
Yearly Tuition First Child	\$4887 (\$489 per mo)	\$3915 (\$392 per mo)
Second Child	\$3740 (\$374 per mo)	\$3011 (\$302 per mo)
Each additional	\$2593 (\$260 per mo)	\$2107 (\$211 per mo)

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St. Paul has further financial assistance available based on financial need for K-8. Apply early, prior to June 1st, funds are limited. Application for this assistance is made online at [www.mytads.com](http://www.mytads.com).

Active members of St. Paul Lutheran Church pay a lower tuition rate due to their support of the church through their time, talents, tithes and offerings. **The active member tuition rate only applies to members with church attendance of 60% or higher.** The attendance percentage is determined every six months, January-June and July-December. Church attendance January-June determines the tuition rate for the following September-December payments while July-December determines the tuition rate for January-May. Only weekly Saturday and Sunday services are considered when calculating church attendance. Attendance is based on the parent's attendance recorded by attendance slips turned in by parents at worship services.