

A registration deposit of \$175.00 per student is due by June 1st. (Remaining balance due on July 30th.)

ST. PAUL LUTHERAN SCHOOL 2025-2026 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			
STUDENT NAME: (Last, First, Middle)		(Nickname)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female Grade Entering
Date of Birth:	Birthplace (City/State):		
Church Where Baptized & Baptismal Date:		School(s) previously attended:	
STUDENT NAME: (Last, First, Middle)		(Nickname)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female Grade Entering
Date of Birth:	Birthplace (City/State):		
Church Where Baptized & Baptismal Date:		School(s) previously attended:	
STUDENT NAME: (Last, First, Middle)		(Nickname)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female Grade Entering
Date of Birth:	Birthplace (City/State):		
Church Where Baptized & Baptismal Date:		School(s) previously attended:	
STUDENT NAME: (Last, First, Middle)		(Nickname)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female Grade Entering
Date of Birth:	Birthplace (City/State):		
Church Where Baptized & Baptismal Date:		School(s) previously attended:	
STUDENT NAME: (Last, First, Middle)		(Nickname)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female Grade Entering
Date of Birth:	Birthplace (City/State):		
Church Where Baptized & Baptismal Date:		School(s) previously attended:	
Present Church Affiliation:		City/State:	ZIP:
Denomination:			
PRIMARY RESIDENCE (Please Print)			
PARENT/GUARDIAN:		Relationship:	
Home Address:		City/State:	Zip:
Email:	School district of residence:	Home or Cell Phone:	
Employer:	Occupation:	Work Phone:	
SPOUSE:		Relationship:	
Email:	Home Phone:	Cell Phone:	
Employer:	Occupation:	Work Phone:	
SECONDARY RESIDENCE (if applicable) (Please Print)			
PARENT/GUARDIAN:		Relationship:	
Home Address:		City/State:	Zip:
Email:	Home Phone:	Cell Phone:	
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:

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? Yes 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

2025-2026

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 updates to our online **Sycamore Education System**. Through the Sycamore system we will be sending out emails and text messages 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. Please list the person(s), the phone number to receive texts and an email address. 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. The Sycamore Education system allows us to send a **text and/or email messages** to you providing important information about school events or emergencies. We anticipate using this 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.

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. 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): _____

Grade(s): _____

Name & Relation to Student	Phone Number (for Text Messages)	Email Address

St. Paul Lutheran School
Photo Release Permission Slip
2025-2026 School Year

Dear Parent(s) or Guardian(s),

There are times during the course of a school year that photos of special events and activities are taken. Often, the desire would be to post these types of photos on our website, or other public relation, promotional, or recruiting pamphlets and things of that nature. However, by law and also the fact that we respect your privacy, we cannot post photos of your child without your permission.

To that end we have developed the form below. You are not required to grant us permission to publish photos which might include your child. Simply mark the form according to your wishes, and we will only publish photos of those children whose parents have granted such permission. We appreciate your cooperation.

Steve Hall; Principal
St. Paul Lutheran School

As a parent or guardian of the student(s) named below, I hereby consent to the use of photographs/videotape taken during the school year for publicity, promotional/ and or educational purposes (including publications, presentation or broadcast via newspaper, internet, or other media sources). I do this with full knowledge and consent and waive all claims for compensation for use, or for damages.

_____ Yes, I give consent for St. Paul Lutheran School to photograph my child for school purposes and/or at school events.

_____ No, I do not authorize St. Paul Lutheran School to photograph my child for any event.

Parent Signature: _____ Date: _____

Student(s) Name(s): _____



St. Paul Lutheran School

Registration and Tuition Fees

2025-2026 School Year

K-8th Registration/Tuition

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.

Any balance of the registration fees and the first month's tuition is due at final registration in August.

(If the registration fee presents a financial burden to your family, please contact the school office to set up a payment plan.)

Monthly/Yearly Tuition Fees for K - 8: (Payable in 10 monthly payments, Aug. - May, due the first day of the month. (First month's tuition is due at registration on July 30th).

	<u>Community Members</u>	<u>Active Members of St. Paul</u>
Yearly Tuition First Child	\$5400 (\$540 per mo)	\$4400 (\$440 per mo)
Second Child	\$4700 (\$470 per mo)	\$3700 (\$370 per mo)
Each additional	\$4000 (\$400 per mo)	\$3000 (\$300 per mo)

Preschool Registration/Tuition

\$175.00 + 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	\$285.00 per month
3 Days/week	\$245.00 per month
2 Days/week	\$200.00 per month

St. Paul has further financial assistance available based on financial need for K-8. Apply early, prior to June 15th, funds are limited. Application for this assistance is made online at 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.