

LIFE!

Lutheran School

2017-2018 Student Enrollment

Faith. Family. Learning.

Student's Legal Name: _____ **Preferred Name:** _____

Last

First

Middle

Grade (Current): _____

Gender: Female Male

Student's Home Address:

Mailing Address: Same as home address

#

Address

Address (if different than home address)

OR

City

Zip

City

State

Zip

Home Phone: _____

Cell Phone: _____

Are there any restraining/court orders in place to protect your student? Yes No

If YES, a copy of the restraining/court order must be provided for our school records.

Birth Date: ____ / ____ / ____

Birth City: _____

Birth State: _____

Birth Country: _____

If Baptized, Date of Baptism: _____ **Church:** _____

City: _____ **State:** _____

Current Church Membership is at: _____

City: _____ **State:** _____

Ethnicity: Hispanic Non-Hispanic

Race: White Asian Native Hawaiian or Pacific Islander

(Mark all that apply) Black or African American American Indian or Alaska Native

Non-US Native American (ancestors from Mexico, Central America, South America Or Canada)

Special Services/Circumstances: Please check all services needed by this student

ELL/LEP

Section 504

SPED. IEP

Suspended/Expelled from another district?

Speech

TAG

Title VII Indian Ed (Native Program) **Tribe:** _____

Student Name: _____

Emergency Contacts (list contacts in order of emergency contact.)

List only those authorized to pick up your student.

1st	_____	_____	_____	_____
	Name	Relationship to Student	Phone	Cell
2nd	_____	_____	_____	_____
	Name	Relationship to Student	Phone	Cell
3rd	_____	_____	_____	_____
	Name	Relationship to Student	Phone	Cell
4th	_____	_____	_____	_____
	Name	Relationship to Student	Phone	Cell

(Services contacts, if applicable)

_____	_____	_____
(Case Worker)	Supervisor	Phone

Siblings (list all school age brothers, sisters, step/half brothers and sisters of this student living in district)

Student Name	Relationship to Student	Grade	School Enrolled
_____	_____	_____	_____
Student Name	Relationship to Student	Grade	School Enrolled
_____	_____	_____	_____
Student Name	Relationship to Student	Grade	School Enrolled
_____	_____	_____	_____
Student Name	Relationship to Student	Grade	School Enrolled
_____	_____	_____	_____

Other Information

Permissions:

Field Trips: My student may participate in all school Field Trips.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
School Directory: My student's information may be printed in a school directory.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
School Website: My student may be mentioned, quoted or pictured on the school website.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
News Media: My student may be seen, interviewed or quoted on T.V., radio or newsprint.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Photographs: My student's picture may be taken during class or for class activities.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Video: My student may be videotaped during class or class assignments.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
HIV/AIDS Instruction: My student may be present during HIV/AIDS instruction times.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Holidays: My student has permission to celebrate holidays. Exception: _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Parent/Guardian Information

Relation to Student: Father Mother Guardian/Other: _____

Parent/Guardian Legal Last Name _____ Legal First Name _____

Check all that apply for this parent/guardian:

Lives with Child Has Custody Mailings Allowed Contact Allowed

Home Phone: () _____ Work: () _____ Cell: () _____

Primary Phone (Preferred Contact): Home Work Cell

Address (if different from student's) _____ City _____ State _____ Zip _____

Email: _____

Employer: _____

Relation to Student: Father Mother Guardian/Other: _____

Parent/Guardian Legal Last Name _____ Legal First Name _____

Check all that apply for this parent/guardian:

Lives with Child Has Custody Mailings Allowed Contact Allowed

Home Phone: () _____ Work: () _____ Cell: () _____

Primary Phone (Preferred Contact): Home Work Cell

Address (if different from student's) _____ City _____ State _____ Zip _____

Email: _____

Employer: _____

Relation to Student: Father Mother Guardian/Other: _____

Parent/Guardian Legal Last Name _____ Legal First Name _____

Check all that apply for this parent/guardian:

Lives with Child Has Custody Mailings Allowed Contact Allowed

Home Phone: () _____ Work: () _____ Cell: () _____

Primary Phone (Preferred Contact): Home Work Cell

Address (if different from student's) _____ City _____ State _____ Zip _____

Email: _____

Employer: _____

Relation to Student: Father Mother Guardian/Other: _____

Parent/Guardian Legal Last Name _____ Legal First Name _____

Check all that apply for this parent/guardian:

Lives with Child Has Custody Mailings Allowed Contact Allowed

Home Phone: () _____ Work: () _____ Cell: () _____

Primary Phone (Preferred Contact): Home Work Cell

Address (if different from student's) _____ City _____ State _____ Zip _____

Email: _____

Employer: _____

Health Information

Student Name: _____ D.O.B. ____/____/____

Student's Doctor: _____ Phone: _____

Date of last Physical Exam: ____/____/____

1. Does your student have a physical disability? No Yes _____
2. Has your student ever had an operation? No Yes _____
3. Has your student ever had a severe injury? No Yes _____
4. Does your student wear glasses? No Yes _____
5. Does your student have a current medical condition? No Yes _____
6. Is your student taking any medications? No Yes _____
7. Will your student take medication at school? No Yes _____
a. If yes: Medication: _____ for condition: _____
8. Is your student able to participate fully in activities at school? Yes NO (if No, please explain) _____

9. Check if your student has any of the following?

- | | |
|---|---|
| <input type="checkbox"/> Allergies- Food: _____ | <input type="checkbox"/> Check if Life Threatening* |
| <input type="checkbox"/> Allergies- Insects: _____ | <input type="checkbox"/> Check if Life Threatening* |
| <input type="checkbox"/> Allergies- Seasonal: _____ | <input type="checkbox"/> Check if Life Threatening* |
| <input type="checkbox"/> Allergies- Misc. _____ | <input type="checkbox"/> Check if Life Threatening* |
| <input type="checkbox"/> Asthma* | <input type="checkbox"/> Check if Life Threatening* |
| <input type="checkbox"/> Diabetes* | <input type="checkbox"/> Check if Life Threatening* |
| <input type="checkbox"/> Heart Problem* | <input type="checkbox"/> Check if Life Threatening* |
| <input type="checkbox"/> Seizure Disorder* | <input type="checkbox"/> Check if Life Threatening* |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Check if Life Threatening* |

If your student has any of the above conditions with an asterisk*, please explain below.

- ADD/ADHD- Fainting Hearing Loss Speech Disorder History of Ear Infections

Explain health conditions: _____

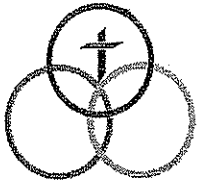
Medical Emergency Transportation:

I give my permission to have my student transported to a medical facility by emergency personnel. YES NO

Signature: I declare that the above information is true to the best of my knowledge and belief. I understand I commit the crime of false swearing if I make a false statement, knowing it to be false. (ORS 162.075). Further, I understand that my student could be returned to their neighborhood school upon determination of a false address.

Parent/Guardian Name: _____ Date: _____
(Print)

Parent/Guardian Name: _____ Date: _____
(Signature)



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Lutheran School

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2017-2018 Student Enrollment

Send records to:

LIFE! Lutheran School
710 E 17th Avenue
Eugene, OR 97401
Fax: (541) 342-2241
Phone: (541) 342-5433

Student _____ Birthdate _____ Grade _____

I hereby give my consent for the release of permanent/confidential records to the school named on this document. I understand that I may review these records in accordance with the provisions of the Family Educational Rights and Privacy Act.

- ✓ **Cumulative/Permanent Records** (Attendance records, grade level, classroom test results, grades)
- ✓ **Health Records** (Hearing, Vision, Certificate of Immunizations)
- ✓ **Behavioral / Confidential Records**
- ✓ **Special Education Records**
- ✓ **Other special program records** (TAG, Title 1, school-lunch, ect.)

Signature of parent or guardian _____ Date _____

Signature of registrar/school designee _____ Date _____

Former School:	
Address:	
City, State, Zip:	
Phone:	Fax:

For School use only:

Student Entry Date: _____	
Date Faxed or request mailed: _____	Date Records Received: _____

VOLUNTEER SIGN UP SHEET

Parent Name _____ Date _____

Address _____ City/Zip _____

Phone _____ Cell _____ Email _____

Would you like to receive updates via email: YES NO

Student's Name (s) _____ Grade (Current) _____

Student's Name (s) _____ Grade (Current) _____

Student's Name (s) _____ Grade (Current) _____

Student's Name (s) _____ Grade (Current) _____

I am interested in volunteering in the following areas. Please check all that apply.

- _____ Volunteer in Classroom
- _____ I'd like to work on projects I can do at home
- _____ Field Trips
- _____ Help in workroom making copies, preparing materials
- _____ Help in the Library on library days
- _____ Lunch Monitor
- _____ Lunch Room M___ Tu___ W___ Th___ F___
- _____ Help prepare Friday Lunch
- _____ Lunch Room/Lunch Sub List
- _____ M___ Tu___ W___ Th___ F___
- _____ All School last day event/picnic
- _____ Work on Fundraisers

The school often looks for people to help with special events or programs. We know many of our parents have unique talents, expertise or perhaps travel experiences that they would like to share with a class. If you wish to volunteer in this way, please indicate below.

Your career _____ Hobby _____
 Musical Talents _____ Arts/Crafts _____
 Other _____

We look forward to you being an active participant in your child's education.