



Community Lutheran School



2681 Quail Avenue Readlyn, IA 50668

319.279.3541 Fax: 319.279.3168

"Community Lutheran School exists to provide a Christian environment for a quality education while inspiring students to go forth living Christ-centered lives as witnesses of the one true faith in God's Kingdom."

"Let the little children come to me, and do not hinder them, for the kingdom of God belongs to such as these." Mark 10:14

Community Lutheran School Student Registration Form

Please fill in all information as completely as possible.

Children's Full Names:	Male/ Female:	Race:	Birthdate:	Baptismal Date:	Grade Entering:
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Father/Guardian: _____

First Last Middle Initial

Mother/Guardian: _____

First Last Middle Initial

Full Mailing Address(s): _____

City, Zip Code: _____

Home Phone: Father/Guardian _____ Mother/Guardian _____

Work Phone: Father/Guardian _____ Mother/Guardian _____

Cell Phone: Father/Guardian _____ Mother/Guardian _____

Email Address: _____ Email Address: _____

Place of Employment: _____ Place of Employment: _____

Address of Employer: _____ Address of Employer: _____

I authorize CLS to contact the following person when parent or guardian can not be reached during an emergency

Alternate emergency contact person's name: _____ Relationship: _____

Phone number: _____

Parent/Guardian Signature: _____ Date: _____

Annual updated date: _____ Initials: _____

Annual updated date: _____ Initials: _____

Annual updated date: _____ Initials: _____

Annual updated date: _____ Initials: _____

Annual updated date: _____ Initials: _____

Annual updated date: _____ Initials: _____

I give permission for my child(ren) to leave CLS with the people listed below. Please list adults you might ask to pick up your child in your absence. It is the responsibility of the parents to notify the school in writing, of any changes. Your child will not be released to any adult not on the list below.

Name	Relationship	Phone Number

Are you interested in bus transportation through the Wapsie Valley School District from your house to school?
Yes No

Please circle: Pick up Drop off

Church Membership At: _____ City: _____
Pastor's Name: _____ Church Denomination: _____

Public School District You Live In: _____
County of Student's Residence: _____

Is there anyone who should not have contact with your child(ren)? Yes No
If yes, please list their names: _____

*If this is a biological parent, we need a copy of the court order on file.

Child(ren)'s doctor name: _____ Phone Number: _____
Doctor's address: _____ City: _____

Does your child have health insurance? Yes No
Company: _____ ID #: _____

Child(ren)'s dentist name: _____ Phone Number: _____
Dentist's address: _____ City: _____

Does your child(ren) have dental insurance? Yes No Hospital Choice: _____
Company: _____ ID #: _____

What was the school your child(ren) last attended?
Name: _____
Address: _____

What is the main language spoken in your home? _____

Has your child(ren) repeated any grade in school? Child's name: _____ Yes No
Grade Repeated: _____

Has any previous educational psychological test ever been given your child(ren)? Yes No
If yes, what was the test given and by whom? _____

Has your child(ren) ever been recommended for special classes? Yes No
If yes, what type of classes? _____

Has your child experienced any difficulty in school (health, academic, discipline, etc.)? Yes No
If yes, please explain: _____

Place of baptism of your child(ren):
Name: _____
Address: _____

I am interested in membership at Immanuel or St. Paul's. Yes No
Please add any information that may be helpful to our pastor. _____

Reason for enrolling child(ren) in Community Lutheran School: _____

Please list what name you would like your child(ren) to be called and listed as:

Permission given to obtain emergency medical or dental care even if CLS is unable to immediately contact parents/guardian. Permission to administer first aid treatment if needed. Yes No

Permission given to apply sunscreen with UVB and UVA protection of SPF 15 or higher (supplied by parent). Yes No

Permission given for apply insect repellent containing DEET once a day when public health authorities recommend its use (supplied by parent). Yes No

Permission given to use your child's picture on school website, yearbook, Facebook, You Tube, etc. Yes No

Permission given for your child(ren) to go on all educational excursions and field trips. Yes No

Permission given for your child(ren) to use the computer/Internet for educational purposes. Yes No

Permission given to list information and phone number in the School Directory Yes No

Permission given for your child(ren) to have Tylenol/Aspirin if needed (supplied by parent). Yes No

Non-Discrimination Policy: Community Lutheran School admits students of any race, color, national and ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, and athletic and other school-administrated programs.

Parent/Guardian’s declaration upon enrolling a child(ren) in Community Lutheran School:

Putting Christ into education is Christian Education. Therefore, it is important that the home, church, and schoolwork together to achieve this goal. Since this is the business of Community Lutheran School, it becomes paramount that all families with children enrolled in school accept the idea that regular use of God’s Word and good worship habits contribute an important part of the program of Christian Education.

As a parent interested in Christian Education, it is my sincere promise, with the help of God, to adhere to the following commitments:

That my child will attend school regularly, perform all assignments faithfully, and comply with the discipline and policies of Community Lutheran School.

That I will cooperate with the religious training given to my child and sincerely try to be consistent with the teachings of the Christian Church.

That I will attend church services regularly and see to it that my child(ren) do also.

That I will actively support any activities that are part of the school program, as well as be active in the Parent/Teacher Organization (PTO).

That I will support the school financially by paying the required fees at the appointed times, donate items when requested by teachers occasionally, use the scrip program when doing my shopping and dining, and donate Box Tops for Education and Milk Moola so the school can earn additional money.

To be willing to counsel with a faculty member and/or the Community Board of Christian Education if I become remiss in any of the aforementioned commitments.

Father/Guardian’s Signature: _____

Mother’s/Guardian’s Signature: _____

Date: _____

Annual updated date: _____ Initials: _____

Annual updated date: _____ Initials: _____

Annual updated date: _____ Initials: _____

Annual updated date: _____ Initials: _____

Annual updated date: _____ Initials: _____

Annual updated date: _____ Initials: _____

*Failure to comply with the above and the lack of significant spiritual growth may give cause for not granting readmission. – Community Lutheran School Board of Education