Community Lutheran School

2681 Quail Avenue Readlyn, IA 50668

Email: office@communitylutheranschool.com

Phone:319.279.3541

"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."

Student Registration Form

Student Name (first, middle, last)	Nickname	Birthdate	Male/ Female	Race	Baptism Date	Grade Entering	Allergies/ Special Instruction
Student Name (first, middle, last)	Nickname	Birthdate	Male/ Female	Race	Baptism Date	Grade Entering	Allergies/ Special Instruction
Student Name (first, middle, last)	Nickname	Birthdate	Male/ Female	Race	Baptism Date	Grade Entering	Allergies/ Special Instruction
Student Name (first, middle, last)	Nickname	Birthdate	Male/ Female	Race	Baptism Date	Grade Entering	Allergies/ Special Instruction

Full Mailing Address: _____County of Residence: _____

City, Zip Code: _____Public School District: _____

Father/Guardian	**Mother/Guardian**
Full Name:	Full Name:
Address (If different than child):	Address (If different than child):
Cell Phone:	Cell Phone:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Email:	Email:
Place of Employment:	Place of Employment:
Address of employer:	Address of employer:

I authorize CLS to contact the following person when parent/guardian cannot be reached during an emergency.

Emergency Contact Name	**Phone Number**	**Relationship**

I give permission for my child(ren) to leave CLS with the people listed below. It is the responsibility of the parents to notify the school in writing of any changes. Your child will not be released to anyone not listed below.

Name	Phone Number	Relationship

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 Medical Information	Child(ren)'s Dental Information
Doctor Name:	Dentist Name:
Address: City/State:	Address: City/State:
Phone:	Phone:
Does your child have health insurance? Yes No	Does your child have dental insurance? Yes No
Company:	Company:
ID #:	ID #:

Name of Preferred Hospital:	Address:

Permission given to CLS to obtain emergency medical or dental care as my child(ren) might require while under their supervision. Agreement to pay all the costs and fees contingent on any emergency medical/dental care and treatment for my child(ren) secured or authorized under this consent. Permission to administer first aid treatment, if needed. Yes No

Religious and/or medical immunization exemption forms are available upon request.

Please provide more information regarding your child(ren)'s allergies/special instructions:
_____

Church Membership: _____ Address: _____
Pastor's Name: _____ Church Denomination: _____
Place of Child(ren)'s Baptism:_____ Address:_____

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: _____

Reason for enrolling child(ren) at Community Lutheran School. _____
_____

Are you interested in membership at Immanuel or St. Paul. Yes No
Please add any information that may be helpful to our pastor._____
_____

Are you interested in bus transportation through the Wapsie Valley School District from your house to school? (Four year old preschool through eighth grade only) Parents are responsible for making arrangements with Wapsie. Please circle which services you need. Yes No Pick Up Drop Off

Is English the primary language spoken in your home? Yes No
If no, please list other languages. _____

Has your child(ren) attended another school? Yes No
If yes, please list name and address of each school. _____

Has your child(ren) repeated any grade in school? Yes No
If yes, please indicate child and grade repeated. _____

Has your child(ren) been given any educational psychological test? Yes No
If yes, which child and what test was given? _____
By whom? _____ Results? _____

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

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

Permission given to list family contact information in the school directory? Yes No

Permission given to use your child(ren)'s photo and/or video on the school website, newsletters, yearbook, Facebook, YouTube, area newspaper articles, classroom communications, etc.? Yes No

Permission given for your child(ren) to attend 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 apply sunscreen with UVA and UVB protection of SPF 15 or higher? (Supplied by parent) Yes No

Permission given to apply insect repellent containing DEET, once a day when public health authorities recommend its use? (Supplied by parent) Yes No

Permission given for your child(ren) to have Tylenol/Aspirin, if needed? (Supplied by parent) Yes No
(Additional forms required prior to administering medication.)

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, and utilize the scrip program when doing my shopping.

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