



Risen Christ Lutheran School Registration Form



To be completed by parent or legal guardian.

Student's Legal Name _____

Date of Birth _____ Gender- _____ Male _____ Female

Place of Birth (City and State) _____

Home Phone _____ Cell Phone _____

Home Address _____

City _____ State _____ Zip _____

Church in which you are an active member _____

Are you interested in more information about Risen Christ Lutheran Church? _____

Public School District _____ Public School Building _____

If coming from another school, what school and what school district? _____

Has student ever been enrolled in an Ohio Public School? Yes No

Is student currently receiving special education services? Yes No

Is student currently on an IEP or Service plan? Yes No

Is student being treated for ADD, ADHD, or a Behavioral Disorder? Yes No

The following information is required to be reported by the United States Department of Education. If any of these areas are not answered the student will be coded on a visual basis, per government reporting regulations.

1. Is the student from Hispanic/Latino heritage? _____ (Hispanic/Latino means a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, Regardless of race.
2. Race Detail Element: Please indicate the following- you must choose at least one option, if multiracial choose all that apply.

White Black Multiracial Asian Pacific Islander American Indian/Alaskan Native

Other (Please Specific) _____

Ethnicity _____ Native Language _____

Risen Christ Lutheran School recruits and admits students of any race, color, gender or ethnic origin to all its rights, privileges, programs and activities. In addition, the school will not discriminate on the basis of race, color, gender or ethnic origin in the administration of its educational programs and athletics/extracurricular activities. Furthermore, the school is not intended to be an alternative to court or administrative agency ordered, or public school district initiated desegregation.

Registration Fee (nonrefundable)

Referred by: _____

\$150.00 Payable at time of registration

_____ Check
_____ Check Number

_____ Cash

Date Paid _____
Received by _____
Referred By _____

Legal Parent or Guardian Information

Custodial Parent(s)/Guardians(s) with whom the student resides

Both Parents _____ Mother Only _____ Father Only _____ Shared Parenting _____ Grandparent _____
Guardian/Foster _____ Agency _____ Other _____

ALL custody paperwork MUST be on file at the school. Residential Parent/guardian/court appointed custodian is required to notify the Principal of any change in custody.

Name of Parent/Guardian with whom the student resides _____

Relationship to child _____

Place of Employment _____ Work Phone _____

Cell Phone _____ E-Mail Address _____

Mother's Name _____ Phone _____

Mother's Cell Phone _____ E-Mail _____

Mother's occupation and place of employment _____

_____ Phone _____

Father's Name _____ Phone _____

Father's Cell Phone _____ E-Mail _____

Father's Address _____

Father's occupation and place of employment _____

_____ Phone _____

One Call Now Information System

Preferred Phone Number for One-Call (Phone notification system for weather information and other school related notifications)

Mother's Name and Number _____

Father's Name and Number _____

Other _____

Other _____

Pick-Up Information

Please list those persons who are authorized to pick up your child from school. If you make plans for anyone else to do this, you **MUST** send a signed and dated note with your child on or before the day this is to occur.

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

List two people who can be contacted in an emergency if the parent cannot be reached:

Name _____ Phone _____

Address _____ Relationship _____

Name _____ Phone _____

Address _____ Relationship _____

I hereby request that my child be enrolled in Risen Christ Lutheran School. I understand that my child is registered for the full school term and tuition is due whether or not my child is able to attend classes. **In the event of necessary withdrawal, thirty days' notice in writing or one month's tuition must be given to the Director.**

I agree to furnish a completed emergency medical authorization form signed by the child's parent or legal guardian prior to the first day of school.

Signature of Parent or Guardian

Date

Student Roster

Risen Christ Lutheran School is required to offer a parent roster to all parents/guardians of enrolled children. This would include names, addresses, and phone numbers. Please sign below to grant or withhold permission for inclusion in the roster.

I/we grant permission to be included in the parent roster.

Name

Date

I/we **do not** wish to be included in the parent roster.

Name

Date