

Peace Lutheran School
232 Windsor Street, Sun Prairie, WI 53590
(PreK-Kindergarten)
1007 Stonehaven Drive, Sun Prairie, WI
53590 (First -Eighth Grade)
school@peacelutheran-sp.org
608-834-1200
Pastor Luke C. Werre
Principal Paul R. Patterson

REGISTRATION FORM 2008 - 2009

Office Use Only	Grade: _____
<input type="checkbox"/>	Registration Payment: _____
<input type="checkbox"/>	Cash Check # _____
<input type="checkbox"/>	Orientation Class
<input type="checkbox"/>	Medical Forms: SPHH Dent IMM
<input type="checkbox"/>	Returned call on preschool _____
<input type="checkbox"/>	Tuition paid in full

Student Name: _____ Male Female
(Last) (First) (Middle)

Address: _____
(Complete address including city and zip code)

Phone: (____) _____ Birth Date: _____ Baptized: Yes No
(Month / Date / Year)

Place of Birth: _____ Child's Church: _____

Entering Grade: (all prek classes subject to acceptance policy) 2 day Pre-K 3 3 day Pre-K Multi Age(3/4) 3 day Pre-K 4 -PMS 5 day Pre-K 4
 1/2 day Kindergarten full day Kindergarten Grade 1 Grade 2 Grade 3 Grade 4 Grade 5 Grade 6 Grade 7 Grade 8

Previous School: _____
(Name of School & School District) (Location: City, State)

Does your child have any special needs? Yes No Learning Disabilities

Hearing Vision Speech Allergies Appetite Heart Condition Other

Has the student ever had an IEP (Individualized Educational Plan)? Yes No

Has the student participated in special education classes? Yes No

If you answered yes to any of the last three questions, please give any further details:

Name you prefer the child to be called: _____

Student Likes/Dislikes: _____

Student Fears: _____

Please describe any special family situations:(New baby; recent move; divorce; etc.) _____

Describe any previous learning or school experiences: _____

Please provide any other helpful information: _____

***"Let us fix our eyes on Jesus, the author and
perfector of our faith." Hebrews 12:2***

Name of Mother: _____

Address: _____
(Complete address including city and zip code)

Phone: (____) _____ Cell Phone: (____) _____ Email: _____

Occupation and Place of Employment: _____ Phone: (____) _____

Name of Father: _____

Address: _____
(Complete address including city and zip code)

Phone: (____) _____ Cell Phone: (____) _____ Email: _____

Occupation and Place of Employment: _____ Phone: (____) _____

Siblings:

Name: _____ Birthdate: _____ Name: _____ Birthdate: _____

Name: _____ Birthdate: _____ Name: _____ Birthdate: _____

Who has legal custody of the student? Parents, married Mother only* Father only*
 Joint, divorced Other* _____

* Please attach a copy of the court order or transfer of guardianship

Daycare Provider: _____
(Name) (Address) (Phone)

Transportation: Bus (K-8) Other: _____

If Bussing – please check all that apply: Taking bus in AM PM After half day Kindergarten
For special bussing days (Days we have school and SPASD does not)-Taking bus in AM PM

Persons with whom my child is allowed to leave the school premise:

1. Name : _____ Relationship _____

Address: _____
(Complete address including city and zip code)

Phone: (____) _____ Cell Phone: (____) _____

2. Name : _____ Relationship _____

Address: _____
(Complete address including city and zip code)

Phone: (____) _____ Cell Phone: (____) _____

3. Name : _____ Relationship _____

Address: _____
(Complete address including city and zip code)

Phone: (____) _____ Cell Phone: (____) _____

Hot lunch: Interested in volunteer program I would commit to hot lunch everyday from SPASD
(about \$2.25/meal/child/minimum)

FIELD TRIP/PHOTO/MEDIA CONSENT/SCHOOL DIRECTORY/EMERGENCY MEDICAL SERVICES AUTHORIZATION

Student's Name _____

Birth Date _____ Grade _____ Sex _____

Name of Parent/Guardian _____

Home

Phone () _____ Cellular () _____ Pager () _____

Business Phone: Father () _____ Mother () _____

Home Address _____

City _____ State _____ Zip _____

EMERGENCY MEDICAL CONSENT

In order to protect the health and safety of its students, that Peace Lutheran School may need to obtain emergency medical treatment for students when the parents are not available. Therefore, the School must respectfully require that Parents/Guardians of all students at Peace Lutheran School must agree to sign this portion of the form. By signing this form, the parent authorizes the School administration, teachers and coaches to seek medical treatment by EMT, physician or hospital staff in the event that (a) the student has sustained an injury or developed an illness which may, in the discretion of the school staff substantially endanger the child's health if not treated immediately and (b) the student's parent could not be reached. This authorization also authorizes release of the student's medical records and information to the treating provider to the extent necessary to provide immediate medical treatment. The parent or guardian releases Peace Lutheran School and its staff members from liability for seeking such treatment, for the treatment which is obtained, and for the results of that treatment. This permission form covers all activities in which the student chooses to participate as a student of Peace Lutheran School. I hereby give permission for transportation via ambulance to a local hospital and for medical treatment deemed necessary by a physician who is designated by the school authority. I understand that Peace Lutheran School will attempt to obtain treatment from preferred physicians and hospitals, but may seek treatment from any provider if necessary.

In the event that a parent cannot be reached, please contact:

#1 Name _____ Phone () _____

#2 Name _____ Phone () _____

Preferred Dentist _____ Phone () _____

Preferred Physician _____ Phone () _____

Preferred Hospital _____ Emer.Room Ph: () _____

Name of Medical Insurance Company _____ Policy # _____

Please list any daily medicines, allergies, medical conditions that pertain to your child:

FIELD TRIPS

By signing this form, I give permission for my child listed above to participate in field trips and/or extra-curricular activities.

PHOTO CONSENT

By signing this form, I give permission to Peace Evangelical Lutheran School, Sun Prairie, WI, the right to use my child’s photograph or a video which includes my child in promotional materials. These may include posters used in our building, posters used to recruit at sister congregations or other recruitment locations, informational brochures on various school programs, school web site, church web site, school newspaper articles, magazine articles, newspaper advertisement, magazine advertisements, advertisement flyer, or promotional video. Children will not be identified by name, unless a specific request is made to the parent.

MEDIA CONSENT

By signing this form, I give permission to Peace Evangelical Lutheran School, Sun Prairie, WI, the right to use my child’s performance results on athletic or academic achievements to be printed in media form via newspaper, magazine, or internet.

SCHOOL DIRECTORY

By signing this form, I give permission to Peace Evangelical Lutheran School, Sun Prairie, WI, the right to use my child’s name, address and phone number printed in the school directory which is given to all attending students, teachers and staff.

If you wish to OPT OUT of any portion of this form please check below. The Emergency Medical Services Portion is NOT something you have the choice to OPT OUT on.

- Field Trips
- Photo Consent
- Media Consent
- School Directory

Signature of Parent/Guardian _____ Date _____

COMMENTS

PEACE EVANGELICAL LUTHERAN SCHOOL
608-834-1200

**1007 Stonehaven Drive
Sun Prairie, WI 53590
1-8 Grades**

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