

**Family Information****Form** St. Paul Lutheran

School

(913) 682-5553

admissions1@splcs.org 320 N.

7th Street

Leavenworth, Kansas 66048

Office Use Only

Date Amount Received

Check # Receipt #

Home Information Family's Religion: _____Church: _____ Parent/ Guardian is: Active Military National Guard / MilitaryReserve Retired Military Not Military Parental Status: Married Separated Remarried SingleWidowed Other Please fill in the address of the person(s) with whom the student(s) live:

Address _____ City _____ State _____ Zip _____

_____ May we list your family in the St. Paul School Directory? Yes No Your address? Yes NoHome Phone: _____ May we list this number in the St. Paul School Directory? YesNo Email address: _____ (For St. Paul use ONLY. This information WILL NOT be published.)

Name you would like on mailing labels: _____

Information on Father:

Name: _____

___ Father's

Religion: _____ Cell _____

Phone: _____

Occupation: _____

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Employer: _____

___ CGSC Yes No

Work

Phone: _____

Email: _____

___ Father's spouse (if not

Mother): _____

Information on Mother:

Name: _____

_ Mother's

Religion: _____ Cell _____

Phone: _____

Occupation: _____

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Employer: _____

___ CGSC Yes No

Work

Phone: _____

Email: _____

___ Mother's spouse (if not

Father): _____

Emergency Contacts:

Please list 2 additional persons who can be contacted in case of an emergency if the Parent/Guardian is not available. Both contacts must be local:

Name: _____

___ Phone

Name: _____

Medical Contacts:

Preferred Hospital: (Please circle choice)

Cushing Memorial St. John's Hospital Munson

Army Hospital Other: _____

Doctor: _____ Phone # _____

Dentist: _____ Phone

_____ Health Insurance:

___ Phone # _____	_____
Authorized to contact 911? <input type="checkbox"/> Yes <input type="checkbox"/> No	Authorized to contact doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No

Custody Information: Please complete if student does not live with both parents.

Mail information only to custodial home? Yes No If no, please list name and address of second mailing:

Name: _____

Address: _____

City/State/Zip _____ Home Phone _____

Official court custody documents must be submitted to the school office if a ruling has been ordered.

Received Custody of Students _____ Conditions of Custody _____

(PLEASE COMPLETE REVERSE SIDE ALSO)

Revised 05/2020

<p>Authorized to Pick Up: List anyone, other than parents, who is authorized to pick up your child(ren):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Additional Information: Please list other individuals or siblings living in the home:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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We as parents agree to cooperate with the school in its program and policies for Christian education of our children. We have insurance, which covers accidents or injury, which may occur at school or during school functions.

 _ Parent or Guardian Signature Date

Did someone refer our school to you? If so, we'd like to thank them. _____
 Please give their name and address. Thank you!

Student Application for Enrollment

St. Paul Lutheran School 320 N. 7th Street Leavenworth, Kansas 66048 913-682-5553 admissions1@splcs.org

Personal Information:

Student's Name:

_____ First MI Last

Preferred First Name: _____ Male Female Date of Birth: _____

City & State of Birth _____ Religion:

_____ Lives With: Both Parents Mother Father Mother/Stepfather

Father/Stepmother Grandparents Other Is the child adopted? Yes No If yes, does the child know

of the adoption? Yes No Is the child a foster child? Yes No Is the child a ward of the court? Yes

No

Race and Ethnicity: Federal and State regulations require us to record the Race/Ethnicity of every child. You must answer the following questions and then indicate your race. Hispanic is considered an ethnicity and not a racial group. If you are of Hispanic ethnicity, you must also select a racial group.

Are you Hispanic/Latino or of Spanish origin? Yes No

American Indian/Alaskan Native Asian Black/African American Native Hawaiian/Pacific Islander White

Enrolling in Grade: (Please circle appropriate level)

Pre 2½ Pre 3 Pre 4
K (All Day) 1 2 3 4 5 6 7 8

Medical/Educational Information:

Special Concerns?

Any difficulties in school?

___ Has the student ever been suspended from school? Yes No Expelled? Yes No

Physical/Academic/Behavioral or Emotional Concerns?

___ Is there an IEP Yes No or 504 plan Yes No in place?

Any health problems and/or medication?

School Information:

What public school would your child attend if not at St. Paul?

_____ What school/daycare did your child last attend? _____ Address _____

City/State/Zip _____ Phone # _____

Church Information:

Where will your child attend church and Sunday School Regularly?

_____ Has the child been Baptized? Yes No If yes when?

_____ Has the child been Dedicated? Yes No If yes when? _____

Has the child been Confirmed? Yes No If yes when? _____