



Custodial Parent: _____

**REGISTRATION/EMERGENCY MEDICAL FORM
 2020-2021 SCHOOL YEAR
 GENERAL STUDENT INFORMATION**

Documents required to enroll a new student

1. Certified Copy of Birth Certificate
 2. Immunization record
 3. Proof of residency
 4. Current Custody papers (If applicable)
- CURRENT STUDENTS MUST HAVE
 THESE DOCUMENTS ON FILE IN
 THE SCHOOL OFFICE**

PLEASE COMPLETE AND SIGN THE EMERGENCY MEDICAL RELEASE FORM ON THE REVERSE.

To be completed by the parent or legal guardian.

***Last 4 numbers digest of **students** Social Security Number _____

*****Student's Legal Name** _____ **Birth Date** _____
 (First, Middle, Last as it appears on Birth Certificate) Birth Date Mo/Day/Yr.

Birth Place: City, State, Country _____ **Gender: M** ___ **F** ___ **Grade Level for 2020-21** _____

******Address** _____

City and Zip _____ **Home Phone Number** _____ **Cell Phone Number** _____

Birth Place City, State, Country) _____ **Native Language** _____

Residential House Status ___ **Own** ___ **Rent** ___ **Other(specify)** _____

Ever been enrolled in an Ohio Public School? ___ Yes ___ No If Yes, Previously district attended? _____

Is your child currently receiving special education services? ___ Yes ___ No If yes, you must supply a copy of the most recent IEP and ETR.

Has your child ever been tested and not placed in special education? ___ 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

****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.

CUSTODIAL PARENT(S)/GUARDIANS(S) WITH WHOM THE STUDENT RESIDES/ School Wide Automated Announcement System
 ___ Both Parents ___ Shared Parenting ___ Mother only ___ Father only ___ Guardian/Foster care ___ Grandparent ___ Agency ___ Other

Is this student permitted to be picked up by Non-Residential Parent/Step Parent? ___ Yes ___ No

Should the Non-Residential Parent be contacted in case of emergency? ___ Yes ___ No

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	Last 4 of SS#	Relationship to child	A SCHOOL-WIDE AUTOMATED ANNOUNCEMENT WILL BE MADE SHOULD THERE BE AN UNSCHEDULED EARLY RELEASE/CLOSING.
Place of Employment	Work Phone	Cell Phone or Alternate Number	
Name of Parent/Guardian with whom the student resides			

Work Phone	Cell Phone or Alternate Number	Phone numbers provided in this Section will be used for our automated announcement calls.(Gradelink)
Name of Parent/Guardian (non-residential parent with visitation or other parental rights) Relationship		

Place of Employment	Last 4 of SS#	Work Phone	Cell Phone or Alternate Number
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**Parent Phone/E-mail contact Information
(Please Print)**

Name and Phone Number that you can be reached at any time: _____

Can we leave a voice mail? Yes No Can we send a text message? Yes No

Mom's E-mail address _____

Dad's E-mail address _____

PARENT/GUARDIAN SIGNATURE AND MEDICAL RELEASE

Student Name: _____ Date of Birth: _____ Grade: _____

IN CASE OF EMERGENCY LIST **TWO** ALTERNATE CONTACTS: (OTHER THAN PARENTS) PHONE NUMBERS:

NAME _____ RELATIONSHIP _____

Home _____ Cell _____ Work _____

NAME _____ RELATIONSHIP _____

Home _____ Cell _____ Work _____

DOCTOR/HOSPITAL YOU PREFER:

Physician's Name _____ Phone Number _____

Dentist's Name _____ Phone Number _____

Preferred Hospital _____ Phone Number _____

**** _____ I wish to be notified if my child goes to the clinic.

List all medication this child is taking (prescription and over-the-counter) and the reason for taking them:

List allergies to medicine, food or other allergens, and any medical information such as physical impairments and assistive devices, that school staff or emergency personnel need to be aware of, attach documentation if necessary:

Has your child had Chicken Pox? Yes No Has your child received the Varicella (Chicken Pox) vaccine? Yes No

Has your child received any recent immunizations? Yes No (If yes, please attach documentation with dates and type of immunizations received.)

Names and grade levels of siblings attending Risen Christ Lutheran School or Preschool:

**** All information is complete and correct. I am the child's custodial parent or legal guardian. **I grant permission to my child's school**, in an emergency when I (or my physician) cannot be contacted, to take my child to the emergency room of the nearest hospital, and the hospital and its emergency staff have my authorization to provide treatment which a physician deems necessary for the wellbeing of my child.

Signature(s) of Parent/Guardian _____

Parent/Guardian Name(s) PRINT _____ Date Signed _____

****** PARENT REFUSAL TO CONSENT FOR MEDICAL TREATMENT**

*** DO NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish to school authorities to take the following actions:

Student's Name _____

Parent/Guardian Signature _____ Date _____

Address _____ City _____ Zip _____

******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 _____

Name _____ Phone _____

Address _____ Relationship _____

******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 _____

******Risen Christ School Permission Form for Photo and Videos**

During the course of the school year, student will be photographed and videotaped as a means of documentation. Occasionally, Risen Christ School uses photos and videos of the students for school-related purposes, such as publicity, teacher training, or a slide show at Risen Christ School event. Risen Christ School also maintains a website and a Facebook page which provide information for prospective and current families. Photos of children engaged in school activities are a great way of conveying the true nature of our school; our philosophy, environment, and daily activities No child's name will ever be used on the website. A picture or video clip of your child will only be used for aforementioned purposes if you sign the written release below.

***I (parent's name) _____ give Risen Christ School permission to use pictures and/or videos Of my child (student's name) _____, enrolled at Risen Christ School, for school relate purposes, such as school publicity, teacher training, website, social media, or a slide show at Risen Christ School event.

***I (parent's name) _____ do **NOT** give Risen Christ School permission to use pictures And/or videos of my child (student's name) _____.

**** I hereby request that my child 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 attends classes. **In the event of necessary withdrawal, thirty days' notice in writing or one month's tuition MUST be given to the Director.**

Student's Name _____

Parent/Guardian Signature _____ Date _____

Address _____ City _____ Zip _____