



## **K – 8 REGISTRATION FORM**

### **Instructions**

- 1 - Download form to desktop
- 2 - Open form in Adobe Acrobat
- 3 - Fill out form
- 4 - Save form as:  
COL K-8 Registration FORM\_2017\_Students Last Name
- 5 - Email to: schooloffice@colwsp.org

Forms will be signed at “Back to School” registration night on August 9, 2017

*Note: To be considered registered, you must:*

- Complete and email registration form to office
- Turn in Registration Fee (non-refundable). Make checks payable to “Crown of Life Lutheran School.”

## K – 8 REGISTRATION FORM

*Registration Fee (non-refundable) must be submitted with this form to be considered registered. Make checks payable to “Crown of Life Lutheran School.”*

Student Last Name	Student First Name	Student Middle Name	Grade Entering	Date of Birth 00/00/0000	Gender M/F	Baptized Yes/No

Ethnic Affiliation  Mixed Race/Biracial  Native American  Latino/Hispanic  African American  Caucasian  Asian/Pacific Islander  Other \_\_\_\_\_

**FIRST CONTACT**  Father  Mother      **RESIDING SCHOOL DISTRICT** \_\_\_\_\_

**Father First Name** \_\_\_\_\_ **Father Last Name** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_ Carrier \_\_\_\_\_ (accepts texts)  Yes  No

Email \_\_\_\_\_ Church Affiliation (Name, synod, city) \_\_\_\_\_

Place of Employment \_\_\_\_\_ Occupation \_\_\_\_\_

**Mother First Name** \_\_\_\_\_ **Mother Last Name** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_ Carrier \_\_\_\_\_ (accepts texts)  Yes  No

Email \_\_\_\_\_ Church Affiliation (Name, synod, city) \_\_\_\_\_

Place of Employment \_\_\_\_\_ Occupation \_\_\_\_\_

**Family Status**  Married  Divorced  Step Parent  Single Parent      **Student(s) live with**  Parents  Father  Mother  Other \_\_\_\_\_

*If there is a separation or divorce custody situation of which we should be aware, please explain and provide a copy of custodial agreement. We cannot deny a parent access to the child without court documentation on file.* \_\_\_\_\_

**FOR NEW FAMILIES ONLY**

**Kindergarten student must provide copy of Birth Certificate.**

**Transfer students must provide copy of last year's transcript.**

Date Entering School \_\_\_\_\_ School Transferred From \_\_\_\_\_

Reason for enrolling at Crown of Life \_\_\_\_\_

Has your child ever been retained in a grade or promoted more than 1 level in a year?  Yes  No

Has your child had any difficulty in school thus far?  Yes  No      *If yes,*  academically  socially  behaviorally

**EMERGENCY & MEDICAL CONSENT**

Emergency Contact 1 \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to Student(s) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact 2 \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to Student(s) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

List any allergies, medical problems, or dietary needs \_\_\_\_\_

Will medications need to be given during school hours? *(If yes, a permission form needs to be completed.)*  Yes  No Does student wear glasses?  Yes  No

**MEDICAL CONTACT INFORMATION**

Medical Insurance Provider \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dentist Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Hospital Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**RELEASE**

In case of an accident or illness, permission is hereby given to treat this student as required. I/We accept the responsibility for all costs thus incurred, and waive any claim against the school, association, its staff or chaperones for any and all causes which may arise in connection with the above.

\_\_\_\_\_  
**Parent/Guardian Name (Please Print)**

\_\_\_\_\_  
**Signature of Parent/Guardian**

**PERMISSION FOR USE RELEASE**

I give permission for my child's work to be used in school related activities, displays and publications.  Yes  No Parent's Initials \_\_\_\_\_

I give permission for my child's photo to be published electronically and/or on paper.  Yes  No Parent's Initials \_\_\_\_\_

*The staff at Crown of Life Lutheran Preschool shall not disclose a child's record to any person other than the child, the child's parent(s) or guardian(s), the child's legal representative, employees of Crown of Life, and the commissioner unless the child's parent or guardian has given written consent or as otherwise required by the law.*

How did you hear about Crown of Life School?  Parade Flyer  Website  Facebook  Egg Hunt/Trunk or Treat  Family/Friend \_\_\_\_\_  
Name

*I declare that the information on this form is, to the best of my knowledge, correct and complete. If there is a change to any of the above information, I will notify the school office immediately at 651-451-3832.*

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**