

ST. JOHN'S LUTHERAN SCHOOL
520 Bridge Street Mayville, WI 53050 920-387-4310 fax 920-387-2321
ENROLLMENT FORM 2022-2023

In consideration of the acceptance of this Enrollment Form by St. John's Lutheran School, the undersigned wishes to enroll the following named students and agrees to the following terms and conditions.

1. **SCHOOL MISSION AND VISION:** I understand and support the purpose of St. John's Lutheran School as stated in its Mission and Vision Statements:

MISSION: *Reaching, Teaching, and Sharing the Gospel*

VISION: SJLS exists as a Triune Ministry (Church, School, and Child Care) with three intrinsic values in mind: a firm *foundation* in **Christ**; the *highest quality* education; and a desire to utilize each person's gifts to glorify their Lord and Savior and to work with unity of purpose.

2. **STUDENTS ENROLLED:** I wish to enroll the following student(s) in St. John's Lutheran School. I understand that in signing this Enrollment Form for the coming year, I am agreeing to accept the rules and regulations of the school as stated in the Parent/Student Handbook and the rules regarding payment of fees as stated in the Financial Policy.

NAME

NAME

NAME

NAME

3. **RULES & REGULATIONS** * I understand that in signing this Enrollment Form for the coming year I am agreeing to accept the rules and regulations of the school as stated in the handbook and any other notices or communications by the school administration. * I understand the standards of St. John's do not tolerate profanity, obscenity in work or action, dishonor of the Triune God and the Holy Scriptures, disrespect to the personnel of the school, or any involvement with controlled substances. * I will support disciplinary action for my child taken by the teachers and principal when conduct is not in keeping with the discipline and conduct rules of the school and classrooms. * I will encourage my child to comply with the conduct codes. * I understand that corporal punishment is not used in matters of discipline, but that suspension and expulsion from school of the student is in the sole discretion of St. John's Lutheran School.
4. **NON-DISCRIMINATION:** St. John's Lutheran School admits students of any race, color, and national or ethnic origin. SJLS does reserve the right to teach according to our religious beliefs of Lutheran Church - Missouri Synod (LCMS).
5. **HEALTH RECORD:** I agree to provide a Permanent Wisconsin Certificate of Immunization for each child enrolled above by August 1 of each school year. I understand that this is a requirement of St. John's Lutheran School by the state of Wisconsin.
6. **PHOTOGRAPHS:** I give permission for the use of photographs of my child in publication by St. John's, for promotional brochures and other materials for publicity and marketing.
7. **Child CARE/BEFORE-AFTER SCHOOL CARE:** Notify Kristy Zahn, Child Care Director (920-387-9962) by July 15, 2022 to secure spot for upcoming school year. **Note:** Checking "I need child care" in student info on back page does not secure spot. You must contact our child care director directly.
8. **PAYMENT OPTIONS** The estimated cost to educate a child at St. John's Lutheran School is \$8000. St. John's Congregational membership covers the majority of this cost, almost 75% allowing our tuition to be significantly less. We rely on your faithful and timely payments. Thank you.

I plan to pay:

____ In full by August 1, 2022

____ By semester, two equal payments August 15, 2022 and January 15, 2023.

____ By the month, 10 equal payments August 15, 2022 through May 15, 2023.

(Date)

(Parent/Guardian's Signature)

Father's Name _____ Mother's Name _____
Marital Status _____ Marital Status _____
Address _____ Address _____
Home Ph. _____ Bus. Ph. _____ Home Ph. _____ Bus Ph. _____
Mobile Ph. _____ Mobile Ph. _____
Employer _____ Employer _____
Position _____ Position _____
Business Address _____ Business Address _____
CHURCH HOME _____ CHURCH HOME _____
Family Email Address _____

Student Information

***Name** _____ **Grade** _____ **DOB** _____

Date of Baptism _____ **My Child Needs: Bus Transportation** (circle) YES NO **Child Care** (circle) YES NO

Birth Certificate Viewed in Office _____ **School last attended** _____

***Name** _____ **Grade** _____ **DOB** _____

Date of Baptism _____ **My Child Needs: Bus Transportation** (circle) YES NO **Child Care** (circle) YES NO

Birth Certificate Viewed in Office _____ **School last attended** _____

***Name** _____ **Grade** _____ **DOB** _____

Date of Baptism _____ **My Child Needs: Bus Transportation** (circle) YES NO **Child Care** (circle) YES NO

Birth Certificate Viewed in Office _____ **School last attended** _____

Allergies/Medications

Child's Name _____ Grade _____ DOB _____

My child is allergic to: _____

Other Comments: _____

Child's Physician: _____ Phone _____

Physical Disabilities: _____