

Shepherd Lutheran School Registration Information

Student Name: _____ Grade to Enter: _____ Date: _____

Address _____ City _____ State _____ Zip: _____

Family e-mail: _____ Family Phone: (H) _____ (C) _____

Baptized: Yes _____ No _____ Denomination: _____

Church Affiliation: _____

Previous School(s) Attended:

School: _____ Grades: _____ Years: _____

School: _____ Grades: _____ Years: _____

School: _____ Grades: _____ Years: _____

Father Employment and Contact Information

Father's Name: _____ Employer: _____

Address _____ City _____ State _____ Zip: _____
(if different from child)

Home Phone: (H) _____ Work Phone: (W) _____

Father Cell: (C) _____ Email: (E) _____

Mother Employment and Contact Information

Mother's Name: _____ **Employer:** _____

Address _____ **City** _____ **State** _____ **Zip:** _____
(if different from child)

Home Phone: (H) _____ **Work Phone: (W)** _____

Father Cell: (C) _____ **Email: (E)** _____

Other Children in Family

Name: _____ **Birthday:** _____

Name: _____ **Birthday:** _____

Name: _____ **Birthday:** _____

Emergency & Medical Information

Student: _____ Date of Birth: _____

The following people may assume temporary care of the child if the parents cannot be contacted:

1. Name: _____ Phone: _____ Cell: _____

2. Name: _____ Phone: _____ Cell: _____

Local Doctor's
Name: _____ Office Telephone: _____

Address: _____

Local Dentist's
Name: _____ Office Telephone: _____

Address: _____

Insurance Company: _____ Policy #: _____

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated above and to follow his instructions. If the school cannot contact this physician, the school may make whatever arrangements seem necessary. If the school decides to obtain medical attention, I hereby authorize the medical experts to take whatever steps seem necessary for the health of my child.

Signature of Parent or Guardian: _____

Date: _____

| RECORD OF ILLNESS: | DATE | EXPLANATION |
|------------------------|-------|-------------|
| Bone Deficiencies: | _____ | |
| Diabetes: | _____ | |
| Fainting Spells: | _____ | |
| Heart Trouble: | _____ | |
| Kidney Trouble: | _____ | |
| Rheumatic Fever: | _____ | |
| Operations: | _____ | |
| Other Health Problems: | _____ | |

STUDENT IS SUBJECT TO OR HAS HAD (check the ones that apply):

Asthma: _____ Ear, Nose, Throat: _____ Frequent Colds: _____ Muscle Weakness: _____
 Eye Infections: _____

Hearing Deficiencies: _____ Frequent Nose Bleeds: _____ Frequent Headaches: _____
 Hay fever: _____

Allergies to Certain Medicines: (List Types): _____

Is your child on regular medication? _____
 If yes, what medication? _____

Does your child require glasses for reading or daily use? _____ If yes, when is he/she to wear them? _____

When was your child last given a physical examination? _____

Does your child have any behavioral disorders? _____ If yes, please explain:

Parental Permission for Field Trips and Extracurricular Events

Dear Parents,

Your child(ren) will have the opportunity to participate in several field trips and extracurricular events during the coming school year. These activities will be announced beforehand. The children will be properly instructed and every possible precaution will be exercised for the safety of the children.

Your signature to this letter will be your consent permitting your child(ren) to participate in these activities of the school. If you desire, your child may be excused from any specific event by notifying the principal and their teacher prior to that event. Because of unforeseen hazards there is always the possibility of accidents and injuries. Your signature to this letter releases the teacher, school, drivers, and the congregation of responsibilities should a mishap occur.

I hereby give my consent for _____ to participate in these school activities.

Signature of
Parent or Guardian: _____

Date: _____

Permission to Photograph for Publicity

Child's Name: _____

Occasionally, Shepherd Lutheran School will take pictures of a class in session or of the children learning and playing for the purpose of publicity. This includes publishing it in a brochure, flyer, yearbook, and internet. Signing this form gives permission to use a photograph of your child for this purpose.

I/We understand that Shepherd Lutheran School may take and use photographs of our child(ren) for the purpose of publicity.

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Shepherd Lutheran School Volunteer Program

There are good reasons for wanting you involved in our school. The first reason is that parent involvement benefits children. Research tends to support a relationship between parent involvement and student achievement. Another reason is that it benefits the parents and the teachers. In programs where parents and teachers work successfully together, teachers report experiencing support and appreciation from parents and a rekindling of their enthusiasm. Parents also report pleasure and a new appreciation for the commitment and skill of teachers. A third reason is that the school itself benefits from access to resources that parents bring.

If you are willing to donate your time and talents, please fill in the form and return it to school. Thank you!

We will attempt to make good use of our voluntary help. If you volunteer and are not asked to help as often as you would like, do not hesitate to call.

NAME: _____ PHONE: _____

I. Remedial Program

For this program we need parents who can serve on a regular basis. This means coming in at least once a week at a set time each week. Occasionally, this time could be adjusted.

Yes, I would love to assist in the Remedial program.

Day(s) when I can be available: Mon. Tues. Wed. Thurs. Fri.

Times when I can be available: A.M. P.M.

Approximate time I could spend when I come in: 1/2 hr 1 hr 1 1/2 hrs 2 hrs

I would prefer to work with grades: K-2 3-5 6-8

II. Regular Volunteer

In the following areas, we would need those who could consistently assist us. This would mean coming regularly but not necessarily on a fixed schedule. It would also include those who would want to do evening and weekend work. Please check the following area(s) that you would like to be involved.

- Playground Supervision (watching the play area, playing or teaching games)
- Hot Lunch Servers (setting up)
- Memory Work (listening to memory work, math facts, etc.)
- Teacher Aid (running off papers, helping with bulletin boards, etc.)
- Correcting Papers
- Story Hour (reading stories to the children)
- Oral Reading (listening to children read)
- Book Reports
- Science Lab (helping teachers with experiments)
- Counting Labels (Campbell Soup, etc.)
- Library Helpers (coming in once a week for library day)
- Missions (obtaining information & bulletin board)
- Edit Writing Assignments
- Activities Committee (setting up school fellowship times)
- Greeting Cards (children will send birthday cards, etc. to the elderly and pre-schooler)
- Cook

III. When Called Volunteers

Another area of responsibility would call for those who would be available when called. These would not be as frequent as the other areas, nor would they be on a regular schedule.

- Parties (planning activities, food committee, supervision)
- Field Trips (drivers, chaperones, organizers)
- Phone Callers (phone calls to all parents for reminders and special events)
- Typing
- Correspondence (writing letters of thanks or requests)
- Running Errands
- Handyman
- Building and Grounds

IV. Special Volunteers

You fit into this group if you have any special interest or expertise that you would like to share with the faculty or the children. Or perhaps you know other ways to help, but they are not listed. Please jot down your ideas and let us know!

Sexual Harassment Form for Volunteers

Any person wishing to volunteer at Shepherd Lutheran School must sign the following form, in accordance with the Sexual Harassment policy adopted January 1, 1997, by the Board of Elders and Church Council of Shepherd Lutheran Church.

By signing the volunteer agreement, you are certifying that you have not been personally involved in any incidents of child molestation, child abuse, sexual misconduct, exploitation, or harassment in this or any other states in the past. If you have been involved in such an incident, please discuss the circumstances surrounding it with the pastor or principal prior to your acceptance of this volunteer position.

Date: _____

(Volunteer Signature)

Date: _____

(Pastor, Principal, or Council Member)

Shepherd Lutheran School Field Trip Driver Information

For the safety and welfare of our children and for orderly and efficient field trips, Shepherd Lutheran School has adopted the following guidelines which shall be followed on all field trips. We ask that you **read them carefully, keep a copy of them in your vehicle, and follow them.** Please complete the bottom portion of this form and return to school along with **a copy of your driver's license and proof of insurance.** If you have any questions, please contact one of the faculty. Thank you!!!

1. **Teachers** will assign students to the drivers.
 2. Proper car conduct is expected. No loud talk or horsing around.
 3. No eating in the vehicles.
 4. **No single vehicle stops for snacks.** If the teacher in charge decides to stop on the way home for snacks, all vehicles will stop.
 5. If there are not enough drivers, the event will be canceled.
 6. The drivers will be expected to help supervise.
 7. All children will be **properly buckled** in seat belts.
 8. When the vehicles reach their destination, the children should stay with the vehicle until directions are given by the teacher.
 9. The teacher in charge will make all discipline decisions or other decisions for the activity.
 10. All drivers must be at least 21 years of age.
 11. Please, **no smoking, vaping, etc.,** with children present.
 12. **If you are a smoker or vaper and you do smoke or vape regularly in your vehicle, we do not want the children riding in your vehicle.**
 13. All drivers must **comply** with Shepherd's dress code.
 14. Please allow for adequate ventilation and cooling in your vehicle.
 16. All drivers should **adhere to the posted speed limits.** You have precious "cargo" aboard. Plus, it is the law to drive at posted speeds.
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Field Trip Form for Volunteers

By signing this volunteer agreement, **you are certifying** that you have not been personally involved in any incidents of child molestation, child abuse, sexual misconduct, exploitation or harassment in this or any states in the past.

You are also **certifying** that your vehicle is in good working condition.

You are also **agreeing to** the above guidelines.

Finally, you are **agreeing to** provide the school with a **copy of your driver's license and proof of vehicle insurance.**

Print Name: _____

Date: _____
(Signature of Volunteer Driver)

Print Name: _____

Date: _____
(Signature of Volunteer Driver)