



Enrollment Form 2024-2025

Child's Name _____ Sex _____ Birthdate _____

Address _____

Grade entering- Fall 2024 _____

Previous School(s) attended _____

PARENT OR OTHER PERSON(S) PLACING CHILD

Name _____ Name _____

Relation to child _____ Relation to child _____

Phone number _____ Phone Number _____

Cell number _____ Cell number _____

Address _____ Address _____

Email _____ Email _____

Work _____ Work _____

Work address _____ Work address _____

Work number _____ Work number _____

Work hours _____ Work hours _____



AUTHORIZED PICKUPS

Name _____ Relation _____

Phone number _____ Work number _____

Name _____ Relation _____

Phone number _____ Work number _____

Name _____ Relation _____

Phone number _____ Work number _____

EMERGENCY CONTACTS/PICKUPS

Name _____ Relation _____

Address _____

Phone number _____ Work number _____

Name _____ Relation _____

Address _____

Phone number _____ Work number _____

I/We agree to keep all contact information current/up to date to ensure the safety of my child

SIGNATURE(S) OF PERSON(S) ENROLLING CHILD

_____ date _____

_____ date _____



PHYSICIAN TO CALL IF CHILD BECOMES ILL OR INJURED

Name _____ Phone Number _____

Address _____

MEDICAL

If the child has any of the following, please explaining:

Medical issues _____

Allergies _____

Physical handicaps Restrictions for play _____

Does the child regularly take medication? _____ If so, what kind and directions _____



Parental Consent Form

(Please initial by each paragraph and sign at the bottom.)

(Name of Student)

_____ I/We _____ as father, mother, parents, or legal guardian of the above-named student give permission to my child to participate in Lord and Savior Lutheran School's extracurricular events and field trips of which I/we will be informed beginning August 15, 2023.

_____ I/we also promise to provide information for the leader of the event telling where at least one parent/guardian may be reached on the day and time of the event. I/we give permission to the leader to arrange for any emergency medical attention that my/our child may need during the event. (A form regarding both of these things will be sent home prior to any event.)

_____ I/we agree that I/we will not hold responsible the Lord and Savior Church Council, the teachers, any volunteer help, and the congregation of Lord and Savior Lutheran Church and School for any legal action that might arise regarding my/our child's participation in the programs of Lord and Savior Lutheran School.

_____ I/we also agree that this form may be used in place of a permission slip in the event that our child does not return his/her permission slip to his/her teacher before a scheduled event.

_____ I/we give permission to Lord and Savior Lutheran School to use photo images of my/our child in the school's publications, social media, and advertisements.

_____ I/we give permission to Lord and Savior Lutheran School to use our names, addresses, phone numbers, and email addresses in a school directory. We understand that we may decide to not have this information included if we so choose.

_____ I/we have received the 2024-2025 Lord and Savior Lutheran School Parent Handbook and I understand and accept the policies outlined in the handbook.

This consent will remain in effect for the remainder of the school year, or until I/we revoke it in writing.

(Signature of Parent(s) or Guardian)

(Date Signed)



FILE REQUIREMENTS

PHYSICAL EXAMINATIONS AND REQUIRED IMMUNIZATIONS

Each child is required, by the State of Illinois, to have a physical not more than six (6) months before entry. **Therefore, children who will start in September need physicals between March and August of that year.** The following immunizations are required to enroll:

Complete [Physical Examination](#) and all required immunizations including:

- Two doses of MMR Vaccine
- Four doses of Polio Vaccine
- Four doses of DPT/DPTaP Vaccine
- Two doses of Varicella Vaccine (chickenpox)

A completed medical form including a record of these immunizations must be on file before your child can begin school.

DENTAL EXAMINATION - Must be turned in prior to May 15, 2025.

VISION EXAMINATIONS - Must be turned in prior to October 15, 2024.

BIRTH CERTIFICATES

The Illinois Department of Children and Family Services (DCFS) requires that parents provide a certified copy of their child's birth certificate when they enroll their child in a new school.

Please bring your child's birth certificate when you register so that we can make a copy of our files.

If you need a certified copy of your child's birth certificate, please contact the County Clerk's office in the county where your child was born to obtain one. This can be done online.