



STUDENT INFORMATION				
Student's First & Last Name	Grade Entering	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Birthdate:
Student's First & Last Name	Grade Entering	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Birthdate:
Student's First & Last Name	Grade Entering	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Birthdate:
Student's First & Last Name	Grade Entering	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Birthdate:
Address	City	State	Zip Code	
Home Phone Number	<b>School district</b> of residence ( <i>circle answer</i> ) Menomonee Falls   Hamilton Sussex   MPS   Elmbrook Other: _____			
If transfer student, current School Name & Phone Number:	<b>Child Lives With:</b> ( <i>circle answer</i> ) Both Parents   Mother   Father   Guardian			
PARENT INFORMATION				
<b>Father's Name</b>	Address			
Employer	Business Phone		Business Hours	
Cell Phone	Cell Phone Carrier	E-Mail Address		
<b>Mother's Name</b>	Address			
Employer	Business Phone		Business Hours	
Cell Phone	Cell Phone Carrier	E-Mail Address		
EMERGENCY CONTACTS - List two relatives OR people nearest to Pilgrim who would assume temporary care of your student if parents could not:				
Name	Relationship	Phone	Alternative Phone	
Name	Relationship	Phone	Alternative Phone	
CHURCH INFORMATION				
Are you currently a member of a church?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, Name of church currently attending:		
Are you interested in more information about Pilgrim Lutheran Church? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Is your student baptized? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If Yes, Please fill in Date and Church Name</i>				
Student 1: _____		Student 2: _____		
Student 3: _____		Student 4: _____		

**GENERAL INFORMATION**

Your signing below of this application indicates your understanding and agreement to the following:

- I may be asked to withdraw my child from school if tuition or fees become past due
- School records will not be released/transferred until fees are paid in full.
- I agree to give my child permission to take part in all school activities including sports and field trips.
- I release Pilgrim Lutheran Church and School and any driver transporting to and from all school related activities from all liability in the event of an accidental injury.
- I give permission for my child to use the computers while at school.
- I agree to allow my child's image for use in advertising through photo or social media video promotion.
- Parents acknowledge that they have received & read the school Handbook and agree to Pilgrim's school policies.
- My child has permission to use web-based tools (e.g., Google Apps for Education, iPad apps) operated not by Pilgrim, but by third parties.

**Mission Statement:**

PILGRIM LUTHERAN SCHOOL HELPS PARENTS EQUIP CHILDREN FOR LIFE'S JOURNEY WITH ACADEMIC EXCELLENCE AND THE POWER OF GOD'S WORD.

**PAYMENT INFORMATION**

Member of Pilgrim Annual Cost:

Full day K5-grade 8: 1<sup>st</sup> & 2<sup>nd</sup> Child: \$1,950 each; Each additional Child: \$1,268

Non-Member Annual Cost:

1<sup>st</sup> & 2<sup>nd</sup> Child: \$3,600 each; Each additional Child: \$2,340

At this time, we are planning on the following payment option *(for planning purposes only)* :

- A. Pay in full on Registration Day
- B. Pay via 9 or 12 month automatic tuition withdrawal *(a separate form will need to be filled out at final registration)*

*Pilgrim Lutheran Church extends scholarship funds to every student who attends regardless of religious affiliation to help offset the \$5,000 cost to educate each student. These funds contribute a little over 60% of the tuition cost for member students and 30% for non-member students. It is the Policy of Pilgrim Lutheran Church and School that no member child will be denied a Christian Education on the basis of financial need. If you have a financial need, please contact the principal. If you have further questions regarding the tuition assistance program or know of a family that may be interested in great private education, please speak with Principal Klug.*

*Pilgrim will develop a way for parents to acknowledge the receipt of the parent handbook and agreement to follow the school's policies.*

Father's Signature

Date

Mother's Signature

Date

**OFFICE USE ONLY**

Date Received :

If transfer student, date records requested:

**PREREGISTRATION PAID: \$**

**MEDICAL INFORMATION – ONE FORM FOR EACH NEW STUDENT IS NEEDED PLEASE**

Student Name:			DOB:
Doctor's Name	Phone Number	Insurance Company:	Membership Number:

Allergies or Health Factors Your Child May Have *(please indicate which student)*:**Medical Waiver:**

In the event that injury or illness needs immediate attention and none of the above persons can be contacted, I hereby authorize the school to arrange transportation to the nearest hospital, which may render emergency treatment. In my absence, I give my consent to the physician to do whatever is deemed necessary to insure the safety of the above named child.

Signature of Legal Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**SPECIAL EDUCATION SERVICES INFORMATION**Does your student have a written IEP (Individualized Education Plan), Section 504 Plan or Service Plan? Yes  No 

If "yes", please indicate which student and what type of plan:

Student: \_\_\_\_\_ IEP  Section 504 Plan  Service Plan Student: \_\_\_\_\_ IEP  Section 504 Plan  Service Plan Student: \_\_\_\_\_ IEP  Section 504 Plan  Service Plan Student: \_\_\_\_\_ IEP  Section 504 Plan  Service Plan 

Briefly describe type of services/disability:

**Are there any unchecked speech or language concerns that you would like addressed by district services:** Yes  No 

If "yes", please indicate for which student: \_\_\_\_\_

**IMMUNIZATION INFORMATION – Please fill in the following Chart – ONE FORM FOR EACH NEW STUDENT PLEASE**

State law required all public and private school students to present written evidence of immunization against certain diseases within 30 school days of admission. These requirements can be waived only if a properly signed health, religious or personal conviction waiver is filed with the school. **Please fill in the following chart. If a waiver is needed, please see the school office for that form.**

REQUIREMENTS for K5-Grade 5: 4 DTaP/DTP/DT/Td / 4 Polio / 3 Hep B / 2 MMR / 2 Varicella

REQUIREMENTS for Grades 6-8: 4 DTaP/DTP/DT/Td / 4 Polio / 3 Hep B / 2 MMR / 2 Varicella / 1 Tdap

Vaccine	First Dose	Second Dose	Third Dose	Fourth Dose	Fifth Dose
DTap/DTP/DT/Td					
Tdap (gr. 6-8 only)					
Polio					
Hepatitis B					
MMR (Measles, Mumps, Rubella)					
Varicella (chickenpox)					

Varicella vaccine is required only if your child has not had chickenpox disease.

Has your child had Varicella (chickenpox) disease?

 No or unsure (vaccine required)  Yes, date: \_\_\_\_\_ (vaccine not required)**One PARENT SIGNATURE Required for Immunizations**

Parent Signature:	Date:
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