PILGRIM EVANGELICAL LUTHERAN CHURCH & SCHOOL

Pilgrim Lutheran School -New Family Registration Form **School Year: 2026-2027**

STUDENT INFORMATION

Student's First & Last Name	Grade Entering	Male ☐ Female ☐	Birthdate:
Student's First & Last Name	Grade Entering	Male ☐ Female ☐	Birthdate:
Student's First & Last Name	Grade Entering	Male ☐ Female ☐	Birthdate:
Student's First & Last Name	Grade Entering	Male ☐ Female ☐	Birthdate:

Address	City	State	Zip Code

If transfer student, Current School Name & Phone Number:	

School district of residence *(circle answer)*
Menomonee Falls Hamilton Sussex MPS Elmbrook
Other: _____

Child Lives With: *(circle answer)*
Both Parents Mother Father Guardian

PARENT INFORMATION

Father's Name	Address	
Employer	Business Phone	Business Hours
Cell Phone	Cell Phone Carrier	E-Mail Address

Mother's Name	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 ☐ No ☐	If yes, Name of church currently attending:	

Are you interested in more information about Pilgrim Lutheran Church? Yes ☐ No ☐

Is your student baptized? Yes ☐ No ☐ *If Yes, Please fill in Date and Church Name*

Student 1: _____ Student 2:_____

Student 3: _____ Student 4: _____

GENERAL INFORMATION

Your signature below indicates your understanding and agreement to the following statements:

□ I may be asked to withdraw my child from school if tuition or fees become past due.

□ School records will not be released or 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 2026-2027:
K5-grade 8: 1st & 2nd Child: $2,514 each; Each additional Child: $1,634

Non-Member Annual Cost 2026-2027:
1st & 2nd Child: $4,480 each; Each additional Child: $2,912

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)*
- ☐ C. Apply to WPCP or MPCP (school choice), or the SNSP (special needs scholarship program)

Pilgrim Lutheran Church owns and operates Pilgrim Lutheran School as part of its mission to "Go and make disciples of all nations" (Matthew 28:19). We value the partnership we have with parents in Christ-centered education. "Dedicate a child to the way he should go, and even when he becomes old, he will not turn away from it" (Proverbs 22:6). Therefore, Pilgrim Lutheran Church automatically gives a grant to help cover the actual cost of education. The current three-year average to educate a child is approximately $8,223. The members of Pilgrim happily contribute to the Christian education provided here for both members and non-members alike. 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.

Parent/Guardian Signature:	Relation to student:	Date:
Parent/Guardian Signature:	Relation to student:	Date:

OFFICE USE ONLY

If transfer student, date records requested:

Date Received :

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 6: 4 DTP/DTaP/DT / 4 Polio / 3 Hep B / 2 MMR / 2 Varicella
REQUIREMENTS for Grades 7-8: 4 DTP/DTaP/DT / 4 Polio / 3 Hep B / 2 MMR / 2 Varicella / 1 Tdap / 1 Meningococcal

Vaccine	First Dose	Second Dose	Third Dose	Fourth Dose	Fifth Dose
DTP/DTaP/DT					
Polio					
Hepatitis B					
Varicella					
MMRV (Measles, Mumps, Rubella)					
Grades 7-8 only: Tdap					
Meningococcal					

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: