

**St. John's Lutheran School**  
**4500 Buena Vista Road**  
**Bakersfield CA 93311**  
**(661) 664-8090**  
**1<sup>st</sup> – 8<sup>th</sup> Grade**



**Grade child will enter \_\_\_\_\_ for school year 2018-2019**

Student's Name \_\_\_\_\_ Preferred first name \_\_\_\_\_

Social Security No. \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_

\*Citizenship \_\_\_\_\_ \*Native Country \_\_\_\_\_ \*Race \_\_\_\_\_

School attended last year \_\_\_\_\_  
(Include Address, if different than St. John's)

Language spoken in the home \_\_\_\_\_

**Parent/Guardian Information**

If both parents are NOT legal guardians, please indicate relationship and address of legal guardians.

Father Step-father Grandfather Legal Guardian other \_\_\_\_\_ (explain)

Name \_\_\_\_\_ Email \_\_\_\_\_

Home Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Work phone \_\_\_\_\_

Mother Step-mother Grandmother Legal Guardian other \_\_\_\_\_ (explain)

Name \_\_\_\_\_ Email \_\_\_\_\_

Home Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Work phone \_\_\_\_\_

Parents live together with student

Parents live separately

Student lives with other adult(s) in home \_\_\_\_\_  
(Please explain)



Are you a member of St. John's Lutheran Church? Yes No (if no, please fill in the information below)

Please list the church you attend regularly or are a member of \_\_\_\_\_

Has student been baptized? Yes No (if, yes) Date \_\_\_\_\_

\*Mandatory for school statistical reporting

Student's Name \_\_\_\_\_ Grade child will enter \_\_\_\_\_ for 2018-2019 school year

Are all educational accounts at St. John's or any other private school considered current at this time?

Yes No



Has student ever:

- Been recommended to repeat a grade? No Yes
- Repeated a grade? No Yes
- Been dismissed or suspended from any school for any reason? No Yes If yes, please explain (include name of school and principal) \_\_\_\_\_

*St. John's retains the right to dismiss any student if the school, in its sole discretion, determines that the welfare of the child or the school requires such dismissal.*



Other children attending SJLS in 2018-2019

Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_

Children attending St. John's Children's Center in 2018-2019

Name \_\_\_\_\_ Full-time/Part-time

Name \_\_\_\_\_ Full-time/Part-time

**EXTENDED CARE**

Before School Session: 7:00-8:00 AM

After School Session: 3:00-6:00 PM

We will need the before school session. Yes No

We will need the after school session. Yes No

We will need both sessions. Yes No

Before school Session \$1250.00/year (\$125.00/10 months)

After school Session \$1750.00 (\$175.00/10 months)

Both Sessions \$2500.00 (\$250/10 months)

Fees are paid on a 10 month basis (August through May)

Student's Name \_\_\_\_\_ Grade child will enter \_\_\_\_\_ for 2018-2019 school year



## 2018- 2019 EMERGENCY CONTACT INFORMATION

Should an emergency situation arise during the school day or in extended care with your child, **the parents/guardians will be called first.** *If parents cannot be reached,* we will contact the people listed below in numerical order.

These people are also authorized to take my child from the school campus.

(1) Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

(2) Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

(3) Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

(4) Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

If the physician or any of the aforementioned persons cannot be reached, we (I) hereby authorize St. John's to act in our (my) stead, signing needed releases for medical care, and this care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my child.

Physician to be called in emergency \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Hospital preference \_\_\_\_\_

Dentist to be called in emergency \_\_\_\_\_ Phone \_\_\_\_\_

List of allergies: food, medicine, etc. \_\_\_\_\_

**Allergy form must be completed and submitted to the office prior to the first day of school.**

List of prescribed medications your child is taking \_\_\_\_\_

**All medications will be kept in the school office. Consent to administer medication form must be on file in the school office before medication can be disbursed.**

This form is complete when signed and returned to the school office with the **(non-refundable)** registration and book fees.

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_