



509 South Mattis Avenue
Champaign, IL 61821
Phone: (217)359-1714
Fax: (217)359-7972

Enrollment Application 2008-2009

Thank you for choosing St. John Lutheran School for your child! St. John Lutheran School and Little Lamb Preschool do not discriminate on the basis of race, color, and national or ethnic origin in the administration of its policies or program participation.

The information in this application is for our records only and will be kept in the strictest confidence.

Any child applying for Kindergarten must be 5 years old on or before September 1st. Any child applying for Little Lamb must be either 3 or 4 years old on or before September 1st.

Please use the checklist below to make sure you have all necessary documentation needed to process your application.

Enrollment Application Check List

Required for all students:

- Completed Enrollment Application
- Parent/Guardian Information
- Consent for Medical Treatment and Emergency Contact Information
- St. John Lutheran School F.A.I.T.H. (Families Actively Involved To Help) Form
- Illinois Textbook Loan Program
- Deposit Check

May be required, depending on grade level or circumstances:

- Certified Birth Certificate (Preschool, Kindergarten, and New Students)
- Release of Records (transfer students only)
- Health Examination Form and Immunization Record (Preschool, Kindergarten, 6th Grade, and new students transferring from out-of-state. Physicals must include Hepatitis B, TB, lead screening, and diabetes screening. Please submit by first day of school.)
- Dental Examination Form (Kindergarten, 2nd, and 6th Grades)
- Athletic Participation Form (5th – 8th Grade students)



Tuition Schedule 2008-2009

Tuition Schedule for St. John Lutheran Church Member									
	1 st Child			2 nd Child			3 rd Child		
Grade Level	March Deposit	Monthly (April-January)	Total	March Deposit	Monthly (April-January)	Total	March Deposit	Monthly (April-January)	Total
Pre-School 3	\$125	\$92	\$1,045	\$125	\$92	\$1,045	\$125	\$92	\$1,045
Pre-School 4	\$125	\$132	\$1,445	\$125	\$132	\$1,445	\$125	\$132	\$1,445
K - 8	\$350	\$335	\$3,700	\$300	\$260	\$2,900	\$200	\$155	\$1,750

Tuition Schedule for St. John Community Member									
	1 st Child			2 nd Child			3 rd Child		
Grade Level	March Deposit	Monthly (April-January)	Total	March Deposit	Monthly (April-January)	Total	March Deposit	Monthly (April-January)	Total
Pre-School 3	\$125	\$120	\$1,325	\$125	\$120	\$1,325	\$125	\$120	\$1,325
Pre-School 4	\$125	\$169	\$1,815	\$125	\$169	\$1,815	\$125	\$169	\$1,815
K - 8	\$350	\$415	\$4,500	\$300	\$420	\$4,500	\$200	\$230	\$2,500

Tuition Payment Plan Options

All monthly tuition payments are due on or before the 15th of each month. The deposit is due at the time of registration, and it is non-refundable unless the child is not able to be admitted to the school. All tuition and fees for the term are due by noon on January 15, 2009.

- Option A:** St. John Lutheran Church Members may have tuition waived if their family tithes 10% of their adjusted gross income to St. John Lutheran Church. Details are available in the school office.
- Option B:** Payment in full at time of registration. See Tuition Schedule for total amount due.
- Option C:** Deposit paid at time of registration. Ten monthly payments are due April-January. See Tuition Schedule for details.
- Option D:** Deposit paid at time of registration. Remaining payments will be adjusted pending the outcome of the Scholarship Application. Applications are available in the school office and are due no later than March 31, 2008.



**Enrollment Application
2008-2009
Student Information**

First Name: _____ MI: _____ Last Name: _____ Goes By: _____
 Legal Name: _____ Gender: Male / Female Birthdate: _____
 Siblings/Age: _____ Attend St. John in 2008-2009 Yes / No
 _____ Attend St. John in 2008-2009 Yes / No
 _____ Attend St. John in 2008-2009 Yes / No

Enrollment Grade: Circle: PS3 PS4 K 1 2 3 4 5 6 7 8
 Pre-school Preference: Circle for Pre-school Preference: AM / PM / No Preference
 (Your preference will be considered, but cannot be guaranteed.)
 Church Affiliation: Church Home: _____
 Baptized: Circle: Yes _____ / No
 MM/DD/YYYY
 Media Photo Consent: Circle: Yes / No for Photography (Newspaper)
 Media Audio/Video Consent: Circle: Yes / No for Audio/Video Taping (Television)
 Media Website Consent: Circle: Yes / No for Photograph on St. John Website
 Race of Student: Circle: African American American Indian / Alaskan
 Asian / Pacific Islander Caucasian
 Hispanic / Latino Other _____
 Child Lives With: Circle: Both Parents / Father Only / Mother Only / Joint Custody / Legal Guardian
 I.E.P.: Circle: Yes / No
 504 Plan: Circle: Yes / No

St. John School Family who recruited us: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

FOR SCHOOL USE ONLY:					
Birth Certificate	_____	Release of Records	_____		
Physical Exam (Pre K, K and 6)	_____	Athletic Physical (5-8 sports participants)	_____	Dental Exam (K, 2 and 6)	_____
Date Received	_____	Fee Paid	_____	Check Number	_____
				Database	_____
				Billing	_____



Parent/Guardian Information

First Household

Parent/Guardian: Relationship: _____ Title: _____ Name: _____ Work Phone: _____ Occupation: _____ Employer: _____ Cell Phone: _____ Email: _____ Publish: Y / N Send newsletter to this Email: Y / N Home Address: _____ City: _____ State: _____ Zip: _____	Parent/Guardian: Relationship: _____ Title: _____ Name: _____ Work Phone: _____ Occupation: _____ Employer: _____ Cell Phone: _____ Email: _____ Publish: Y / N Send newsletter to this Email: Y / N Home Phone: _____
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Second Household (if applicable)

Parent/Guardian: Relationship: _____ Title: _____ Name: _____ Work Phone: _____ Occupation: _____ Employer: _____ Cell Phone: _____ Email: _____ Publish: Y / N Send newsletter to this Email: Y / N Home Address: _____ City: _____ State: _____ Zip: _____	Parent/Guardian: Relationship: _____ Title: _____ Name: _____ Work Phone: _____ Occupation: _____ Employer: _____ Cell Phone: _____ Email: _____ Publish: Y / N Send newsletter to this Email: Y / N Home Phone: _____
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Tuition Payment Plan Agreement

- _____ **Option A:** Tithe, St. John Lutheran Church Members
- _____ **Option B:** **Payment in Full** at time of registration
- _____ **Option C:** Deposit paid and **Ten Monthly Tuition Payments** from April 2008 through January 2009
- _____ **Option D:** Deposit paid and **Scholarship Application.** Monthly payment amounts pending Scholarship Award.

Person(s) responsible for Tuition Payments: _____

We take the responsibility for making all monthly tuition payments on or before the 15th of each month. We agree to fulfill the responsibility to pay all fees assessed for the current term by noon on January 15, 2009 as stated in the payment option plan that we have selected. We understand that the deposit paid at the time of registration is non-refundable unless our child is not able to be admitted to the school. We also understand that failure to comply with payments could result in the removal of our child from St. John Lutheran School.

We agree to pay for any school property damage or loss incurred by our child enrolled in Preschool through 8th Grade.

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____



Consent for Medical Treatment and Emergency Contact Information

I/We _____ are the parents/legal guardians with legal custody of _____ who is _____ years old, and entering grade _____ at St. John Lutheran School, and who resides with me/us at: Address: _____

City: _____ State: _____ Zip: _____. I/We give my/our permission for a licensed doctor, physician, or emergency treatment center selected by the school representative/coach to administer the necessary attention and aid immediately to my/our child should he/she become injured or sick during any school event, athletic or scholastic, throughout the school year, and to do so without having to wait until I/we am/are contacted. I/We consent to any x-rays, examination, anesthetic, medical or surgical diagnosis, treatment, and hospital care deemed necessary.

I/We understand the school's representative/coach will try to reach us. However, I/we will not hold any of the school personnel responsible if efforts to contact me/us are unsuccessful. I/we understand that the school does not assume responsibility for payment of a physician in any case. I/We also agree to be responsible to update any medical information that may be needed throughout the year. During the school year we can be reached at:

Home Phone: _____

Father's Work Phone: _____

Mother's Work Phone: _____

Father's Cell Phone: _____

Mother's Cell Phone: _____

If St. John cannot reach me/us at the above numbers, contact the people listed below. I/We authorize you if necessary to release my/our child to any of the following people listed below:

Emergency Contact Information

Relationship: _____ Title: _____

Relationship: _____ Title: _____

Name: _____

Name: _____

Work Phone: _____ Cell Phone: _____

Work Phone: _____ Cell Phone: _____

Home Phone: _____

Home Phone: _____

Relationship: _____ Title: _____

Relationship: _____ Title: _____

Name: _____

Name: _____

Work Phone: _____ Cell Phone: _____

Work Phone: _____ Cell Phone: _____

Home Phone: _____

Home Phone: _____

Name of Child's Doctor: _____ Phone Number: _____

Hospital in case of emergency: _____

Medical Insurance Company: _____ Policy Number: _____

Allergies to medicine or other allergies: _____

My child is currently taking the following medication(s): _____

For the following condition(s): _____

Please give any additional information that would be necessary in treating your child either in the line provided or on the back of this page: _____

If parents/legal guardians cannot be reached, I/we authorize first aid treatment or emergency medical care (including ambulance service if needed) in the event of serious illness or injury.

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____



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Illinois Textbook Loan Program

The Illinois State Board of Education, in accordance with Public Act 79-961 of 1975, provides textbooks to school districts for use by students on a loan basis.

All textbooks received by a school remain the property of the State of Illinois and must be identified as such by the School.

The law also calls for a signed individual request form to be on file for each student utilizing the free loan texts. Once the request is made, it remains valid for the duration of the time the student is in attendance at the school unless the parent revokes the request.

The individual form must be signed for each child. Additional forms are available upon request.

Student Request for the Loan of Textbooks

I hereby request the loan of secular textbooks in accordance with Public Act 79-961 of 1975. I understand that this request will remain valid so long as my

son/daughter, _____

is enrolled at St. John Lutheran School, Champaign, Illinois and that I may at anytime withdraw this request.

Parent/Guardian Signature: _____ **Date:** _____

FOR SCHOOL USE ONLY:

Date Student Graduated

or

Date Transferred Out of School



F.A.I.T.H. (Families Actively Involved To Help) Form 2008-2009

At St. John, we strive to create a Christ centered atmosphere where teachers, students, and staff can do their best. Your time is a priceless gift that all St. John Lutheran School families can give to help fulfill this goal.

Please indicate in the following tables where your family can best contribute to St. John and fulfill your family's required 20 hour contribution (12 hours for Little Lamb 4's and 8 hours for Little Lamb 3's). Please record your hours in the binder in the school office. All hours need to be completed by the last day of school. In the event that your family cannot fulfill the required number of hours, your family will be billed for the remaining hours at the rate of \$20.00 per hour.

Please indicate which volunteer jobs you are interested in donating your time, by marking an "F" for father or "M" for mother. Volunteers may be contacted as events are organized; however, it is ultimately your responsibility to find activities so this requirement can be fulfilled. F.A.I.T.H. hour opportunities will be posted in our weekly newsletter.

Father's Name		Home Phone/Cell Phone		
Availability:	Daytime	Evening	Anytime	
<hr/>				
E-mail address				
<hr/>				
Child's Name			Grade	
<hr/>				
Child's Name			Grade	

Mother's Name		Home Phone/Cell Phone		
Availability:	Daytime	Evening	Anytime	
<hr/>				
E-mail address				
<hr/>				
Child's Name			Grade	
<hr/>				
Child's Name			Grade	

Church Help (St. John Lutheran)	Estimated Hours
Handymen (meet every 2nd Sat. of the month at 8:00 to do odd jobs)	hours may vary
Provide transportation for elderly	hours may vary
Snack provider for youth group events, or VBS	1 hour per item
Stuff church bulletin	1 - 2
Sunday School: Substitute	2
Sunday School: Teacher	fulfills requirement
Vacation Bible School (Circle): Planning Team / Teacher / Helper	fulfills requirement
Youth Group (LYF) (Circle): Drive / Help	1 - 2
Youth Group (LYF): Leader	fulfills requirement

Classroom Helpers	Estimated Hours
Chaperone for field trips (When space is available)	hours may vary
Classroom helper (Copying, hanging artwork, helping students, etc.)	hours may vary
Classroom parties (Bring snacks, drinks, or paper goods)	1 hour per party
Computer Lab assistance during class time	hours may vary
In-class or after class tutoring for individual students	hours may vary
Little Lamb helper	hours may vary
Read with students	hours may vary
Take home projects (cutting, sorting, etc.)	hours may vary

Lunchtime Helpers	1st Fri.	2nd Fri.	3rd Fri.	4th Fri.	5th Fri.	Estimated Hours
Lunch server (11:30 -12:45): Server / Substitute						1.25
Lunch server on Grandparent's Day						1.25
Recess supervisor (11:50 - 1:05)						1.25

F.A.I.T.H. (Families Actively Involved To Help) Form 2008-2009

Office Help		Estimated Hours
	Die cut, copying, laminating	hours may vary
	Sort mail (at beginning or end of school day)	15 min. a day
	Stuff envelopes, label, fold, etc.	hours may vary
	Typing (at home or at school)	hours may vary

Athletics		Estimated Hours
	Soccer Coach (August - November)	fulfills requirement
	Volleyball Coach (August - November)	fulfills requirement
	Basketball Coach (November - March)	fulfills requirement
	Track Coach (March - May)	fulfills requirement
	Athletic Events (Circle): Work concession / Collect admissions	1.5 per game
	Photography at sporting events	1.5 per game
	Decorate athletic bulletin board	hours may vary
	Organize yearbook pages for various sports teams	3

Parent Teacher Fellowship (PTF)		Estimated Hours
	Serve on the PTF Board	fulfills requirement
	Attend a PTF meeting	2
	PTF event or fundraiser (Circle): Chair / Committee Member	10-20
	PTF event or fundraiser helper (Circle): Car Wash / Fun Fair / Plant or Gift Card Sale / Auction	hours may vary
	Childcare during Parent Teacher Conferences	hours may vary
	Childcare during PTF meetings (4th Tues. of month 6:30 - 8:30pm)	2
	Room representative for my child's class: _____	5-10
	Room helper at PTF classroom events	hours may vary
	General Mills Boxtops (collecting, clipping and sorting at home)	hours may vary
	Market Day helper (monthly after school)	2-3 each
	Scrip Program helper	hours may vary
	Provide snacks, baked good or other food items for various events	1 per event

Miscellaneous		Estimated Hours
	Assist on Bookmobile days	1.5
	Book Fair co-chairperson	hours may vary
	Book Fair volunteer	hours may vary
	Chaperone and clean up after school dances	3
	Computer Lab assistance during class time	hours may vary
	Jump Rope for Heart activities assistance	hours may vary
	Library volunteers on Thursday afternoons (12:30 -3:15)	3
	Library assistance to re-alphabetize books around Christmas time	2
	Lutheran Schools Week special events assistance	hours may vary
	Morning door supervisor	hours may vary
	Music and performance events assistance throughout the year	hours may vary
	Spring Track and Field Day assistance (measure distances, record times, etc.)	3
	Other gifts, training or abilities (please specify) _____	
	Call me, I'm flexible	

Parent/Guardian Signature: _____ Date: _____



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Release of Records

Student Name: _____ **Birthdate:** _____

Please release the official educational records for the student named above. This would include a copy of the student's report card, attendance record, standardized test results, immunization and health records, any specialized assessments, and other information which may be helpful in planning and implementing the student's school program.

Educational records are to be released from:

(Give complete name, address, phone and fax number of last school attended.)

I, the undersigned, give permission for the release of information as designated above.

Parent/Guardian Signature: _____ **Date:** _____