

St. John Nottingham Lutheran School

2018-2019 Re-Enrollment Form

1027 East 176th Street* Cleveland, OH 44119 * Phone/Fax 216-531-8204 * www.stjohnnottingham.org

REGISTRATION IS NOW OPEN FOR RE-ENROLLMENT STUDENTS WHO RE-ENROLL BY MARCH 1ST WILL RECEIVE A \$25 DISCOUNT ON THE \$175 REGISTRATION FEE

PLEASE RETURN THIS FORM BY MARCH 1, 2018 TO GUARANTEE YOUR CHILD'S PLACE IN THE CLASS
WE WILL BEGIN TO ACCEPT NEW STUDENTS AND FILL ALL AVAILABLE SEATS BEGINNING MARCH 2nd.

*****YOUR CURRENT ACCOUNT *MUST BE IN GOOD STANDING* BEFORE RE-ENROLLMENT IS ACCEPTED*****

Reminder: Scholarship Application Entries New & Renewal opens Feb 1, 2018

PARENT #1 INFORMATION	STUDENT(S) INFORMATION
NAME:	NAME:
ADDRESS:	GRADE ENTERING:
PHONE:	<i>The grade entering is contingent upon successful completion of current grade level</i>
CELL PHONE:	
WORK PHONE:	If your child is not returning to St. John; please indicate below: ***** My child will <u>not</u> be returning to St. John for the 2018-2019 school year.
EMAIL:	
NAME OF CHURCH:	
ADDRESS OF CHURCH:	
PASTOR:	

PARENT #2 INFORMATION	REENROLLMENT DIRECTIONS
NAME:	<ul style="list-style-type: none"> * Please fill in any new, missing, or changed information listed on this form * Complete a NEW Emergency Medical Authorization Form <i>for each student</i> * Send all of the information above with your payment by March 1st * Registration after March 1st may increase * Sign and Date completed form below
ADDRESS:	
PHONE:	
CELL PHONE:	
WORK PHONE:	
EMAIL:	
NAME OF CHURCH:	
ADDRESS OF CHURCH:	

EMERGENCY CONTACT:	SIGN & DATE
NAME:	SIGNATURE:
PHONE NUMBER(S):	DATE:

EMERGENCY MEDICAL AUTHORIZATION

LUTHERAN SCHOOLS OF OHIO
SCHOOL DISTRICT

Student Name

Address

Telephone

St. John Nottingham Lutheran
School Attended

Purpose - To enable parents/guardians to authorize emergency treatment for children who become ill or injured while under school authority, when parents/guardians cannot be reached.

Part I or Part II must be completed

Part I (TO GRANT REQUEST)

In the event reasonable attempts to contact me at _____ (Phone number) or _____ (Other parent) at _____ (Phone number) have been unsuccessful, I hereby give my consent for: (1) the administration of any treatment deemed necessary by **Dr.** _____ (preferred physician) or **Dr.**, _____ (preferred dentist), or, in the event of the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably acceptable.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentist, concurring in the necessity for such surgery, are obtained before surgery is performed.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

Date _____

Signature of Parent

Address

**DO NOT COMPLETE PART II
IF YOU COMPLETED PART I
(Part II (REFUSAL TO CONSENT))**

I do **NOT** give my consent for emergency medical treatment of my child. In the event of illness or injury requiring medical treatment, I wish the school authorities to take no action or to:

Date _____

Signature of Parent

Address