

Christ Lutheran School
Columbus, Nebraska
Registration Form 2017/2018 School Year

Family Name _____ Date _____

Supply Fees for <u>all</u> students –	Grades K-8	\$250.00
Tuition Fee for members per family:		\$200.00/year
Tuition Fees for non-member students:	Grades K-8	\$1400/year (1st child)
	Grades K-8	\$1200/year (2nd child)
	Grades K-8	\$1000/year (add'l children)
Tuition Fees for non-member students from sister (LCMS) congregations:	Grades K-8	\$700/year (1st child)
	Grades K-8	\$600/year (2nd child)
	Grades K-8	\$500/year (add'l children)
Cleaning Fee Assessment (all families) – 2017/2018:		\$75.00/year

Student Name: _____ **Grade** _____ **Supply Fee:** _____ **Tuition:** _____

Student Name: _____ **Grade** _____ **Supply Fee:** _____ **Tuition:** _____

Student Name: _____ **Grade** _____ **Supply Fee:** _____ **Tuition:** _____

Student Name: _____ **Grade** _____ **Supply Fee:** _____ **Tuition:** _____

Cleaning Fee Assessment: _____ **\$75.00**

Total: _____

Arrangements for tuition /comments:

***** ***** ***** *****

Sports Sign-up: (please write in your child's name under where they will participate)

This applies only for students in 7th & 8th grade.

	<u>Christ Lutheran</u>	<u>Lakeview</u>
Girls Volleyball	_____**	_____
Girls Basketball	_____**	_____
Boys Basketball	_____**	_____

**if you have a student in 5th or 6th grade, we would like to know what sport they will play.

(Parents Signature) _____

2017 – 2018 EMERGENCY INFORMATION

Please Print

Family Name: _____ E-mail Address: _____

1. Student's Full Legal Name: _____ Date of Birth _____
Race: White ___ African American ___ Hispanic ___ Native American ___ Asian/Pacific Islander ___
Grade: _____ Student's Preferred Name: _____ Sex: Male ___ Female ___
2. Student's Full Legal Name: _____ Date of Birth _____
Race: White ___ African American ___ Hispanic ___ Native American ___ Asian/Pacific Islander ___
Grade: _____ Student's Preferred Name: _____ Sex: Male ___ Female ___
3. Student's Full Legal Name: _____ Date of Birth _____
Race: White ___ African American ___ Hispanic ___ Native American ___ Asian/Pacific Islander ___
Grade: _____ Student's Preferred Name: _____ Sex: Male ___ Female ___
4. Student's Full Legal Name: _____ Date of Birth _____
Race: White ___ African American ___ Hispanic ___ Native American ___ Asian/Pacific Islander ___
Grade: _____ Student's Preferred Name: _____ Sex: Male ___ Female ___

Family Address: _____ Home Phone: _____
City, State, ZIP _____ Father's Cell Phone: _____
Mother's Cell Phone: _____

Where parents can be reached if not at home? Please provide work numbers.

Mother: _____ Phone: _____

Father: _____ Phone: _____

List two neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached.

1. Name _____ Phone _____
Address _____

2. Name _____ Phone _____
Address _____

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In case of an accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician listed below. The school may make whatever arrangements seem necessary.

Signature of parent or guardian: _____

Local Physician's Name: _____ Office Phone: _____

Other Phone: _____

Address: _____

Please list below information needed such as allergies, etc. about your child(ren).

If you have more than one child attending, and there is a different physician for each child please make note of that in this space. Otherwise copies will be made for each child's file.