

Bethlehem Lutheran School
2018-2019 Re-Enrollment Form



Family Name: _____

Address: _____

City: _____ **Zip:** _____

Phone Number(s): _____

Email Address(s): _____

Family Information:

Father: _____

Mother: _____

Marital Status: _____ Single _____ Married _____ Widow(er)

_____ Separated _____ Divorced _____ Remarried

Does the family attend church regularly? Yes No

What church does the family attend? _____

Child Information:

Full Name: _____

Birth Date: ____/____/____ Sex: ____ M ____ F

Entering Grade: PS3 PS4 K 1 2 3 4 5 6 7 8

Please continue with any additional students on reverse side

Full Name: _____

Birth Date: ____/____/____ Sex: ____ M ____ F

Entering Grade: PS3 PS4 K 1 2 3 4 5 6 7 8

Full Name: _____

Birth Date: ____/____/____ Sex: ____ M ____ F

Entering Grade: PS3 PS4 K 1 2 3 4 5 6 7 8

Full Name: _____

Birth Date: ____/____/____ Sex: ____ M ____ F

Entering Grade: PS3 PS4 K 1 2 3 4 5 6 7 8

Miscellaneous Information:

Please explain any health concerns of which the school should be aware (esp. allergies/chronic health conditions): _____

Please explain any behavior, learning, or language difficulties of which the school should be aware: _____

Please answer the following questions with YES or NO:

I give permission to have my number published in the PTL Phone Book:

I give permission to have my child's photo released on the school website and other social media outlets such as school blogs, Facebook, etc.:

I would like my phone number added to the School Messenger system:

I would like my email added to the Charger Chat list:

Bethlehem Lutheran School has been established for the purpose of teaching children of their Lord and Savior, Jesus Christ, as presented in the Holy Scriptures, and to help prepare them to live as God's people in our world. It is expected that all students are here to receive a Christian education. We encourage regular worship attendance with children to strengthen their personal relationship with our Lord and to support what we are teaching in school. If it is your sincere intention to cooperate with Bethlehem Lutheran School in teaching the Christian faith and life, **please sign:**

Father: _____

Mother: _____

Date: ____/____/____

Date: ____/____/____

Bethlehem Lutheran School requires all tuition and fees be paid in a timely manner. School tuition is due on either the 1st or 15th of each month depending on your payment plan. Invoices for school services such as hot lunch, latchkey, and extended day are generated on the 25th of each month and due no later than the 15th of the following month. Accounts 30 days past due will be reported to the Credit Services of Michigan for collection purposes. Accounts 60 days past due will require a meeting with the members of the Board of Christian Day School. Accounts 90 days past due will result in student suspension from school or school services. **Please sign below** to acknowledge you have read and understand the school financial policy.

Father: _____

Mother: _____

Date: ____/____/____

Date: ____/____/____

Additional Information

Family In the Home:

Father's Name: _____

Stepfather's Name: _____

Employer: _____ Work Phone: _____

Mother's Name: _____

Stepmother's Name: _____

Employer: _____ Work Phone: _____

Other family members residing in the home: _____

Natural parent not living in the home:

Name: _____ Phone: _____

Address: _____

Persons (outside immediate family) to contact in an emergency:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Racial-Ethnic Grouping: _____ Asian _____ Black _____ Hispanic _____ White

_____ American Indian _____ Other: _____

School District: _____ City/Saginaw _____ Carrollton _____ Kochville-Zilwaukee

_____ Saginaw Township _____ Other: _____