



St. Paul Lutheran School

31 Washington Avenue
Batavia, New York 14020
Office: (585) 343-0488 Fax (585) 344-0470
Ann M. Werk, Principal

Preschool Welcome Letter

Dear Parents,

Thank you for considering St. Paul Lutheran School for your child's preschool experience. St. Paul Lutheran School is an educational ministry of St. Paul Lutheran Church and as such we offer a Christian educational environment which fosters academic excellence. Our preschool has been in operation since 1967. We are now pleased to offer Kindergarten through grade 5 as well.

In partnership with you, the parents, we aim to instill in your child a positive sense of self-worth that grows out of a relationship with the Lord. We are dedicated to providing excellence in education through the finest academic program with an enriched curriculum.

We will be happy to answer any questions you might have as you make this important decision. When you decide to enroll your child please complete and return the enclosed application for enrollment. At that time please remit a non-refundable \$40 application and materials fee, and send copies of your child's birth certificate, social security card and immunization record. Scholarship aid is available and is awarded based on financial need. Admissions and disbursement of scholarship aid do not discriminate on the basis of race, religion, color, sex, national or ethnic origin. If you wish to apply for tuition assistance please fill out the application enclosed in this packet.

We look forward to working with you in the coming years to give your child the best Christian education possible.

Sincerely yours,

Ann M. Werk
Principal

FAMILY, HEALTH, & EDUCATION INFORMATION

Name of Church Attended: _____

Is the Child Baptized: _____ If so, When and Where: _____

Doctor: _____ Dentist: _____ Hospital of Choice _____

Health Insurance Company: _____

Name of Policy Holder: _____

List any special instructions regarding medical problems, allergies, medication, etc:

School District of Residence _____

Last School Attended: _____ City: _____ State: _____

Has your child ever been: Retained _____ Expelled _____ Suspended _____

If yes, please describe: _____

Names and ages of other children in the home: _____

EMERGENCY AND PICK UP INFORMATION

The following persons may act on our behalf if the parents cannot be reached.

| Name | Relationship to Child | Phone # |
|-------|-----------------------|---------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

The following individuals may pick up my child from school.

ST. PAUL LUTHERAN SCHOOL

Parent / School Agreement

1. I understand that the school offers an educational experience based on Christian principles and values. I agree to support the Christian mission of St. Paul Lutheran Church and understand that my child will be taught from a Lutheran Christian world-view.
2. I will support school policies regarding codes of conduct, dress code, discipline and nutrition.
3. I will notify the school the morning my child is absent.
4. In the event my child becomes ill or is injured while under school supervision, I authorize the school authorities to take the following steps:
 - Contact a parent of the student and follow his/her instructions
 - In the event that neither parent can be reached, contact the student's physician and follow his instructions. 911 will be called if school personnel deem it necessary.
 - I authorize the medical facility and/or physician to provide and perform treatment as deemed necessary by the physician.
 - I accept all responsibility for payment for any and all medical services rendered under this authorization
 - Further, I release the principal or her/his designee, St. Paul Lutheran School and/or St. Paul Lutheran Church from any and all liability which might arise from the granting of such authorization, it being my desire that my child be furnished with such medical or surgical services as soon as reasonably possible after the need arises.
5. I understand and accept my responsibility to pay the tuition that is due each month. I understand the policy on non-refundable and non-transferable fees and withdrawal procedures. I understand that my child will not be permitted to attend classes if my accounts are 45 days or more in arrears; and accept that records and reports will not be released until all financial obligations to St. Paul Lutheran School have been fulfilled.

Parent or Guardian Signature

Date

The mission of St. Paul Lutheran School is to enable the families of the community to know Jesus as their Savior by providing a Christian educational environment which fosters academic excellence.

NOTES

For Office Use Only: Grade: _____ Start Date: _____ Registration Fee: _____
Payment Agreement: _____ Records: _____ Health: _____ Other: _____
TAA _____



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TUITION ASSISTANCE APPLICATION

1. Children's Names (please list all dependent children in family)

| Last | First | Age | Grade in School |
|------|-------|-----|-----------------|
| | | | |
| | | | |
| | | | |

2. Household Income

Names of all adults in household and their occupation

Gross Income per last year's Federal Tax form filed _____

Estimated Gross Income for current calendar year _____

Please estimate the amount of tuition you feel you can pay \$ _____

Please give any additional information which you feel will help us in our consideration of your need for tuition assistance.

3. Signature (An adult household member MUST sign the application before it can be considered.)

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of scholarship funds; that school officials may verify the information on the application and that misrepresentation may negate the application.

Signature

Date

OFFICE USE ONLY

\$ _____ Total amount family owes

_____ Approved in the amount of \$ _____.

_____ Not approved. Reason _____

ST. PAUL LUTHERAN SCHOOL
Immunization Record



Student Name _____

Date of Birth _____

DPT 1 _____

DPT 2 _____

DPT 3 _____

I P V 1 _____

I P V 2 _____

I P V 3 _____

Measles/Mumps/Rubella (MMR) 1 _____
Required for Pre-K thru Grade 5

Measles/Mumps/Rubella (MMR) 2 _____
Required for Grades Kindergarten thru 5

Varicella (Chicken Pox) _____

Hepatitis B 1 _____

Hepatitis B 2 _____

Hepatitis B 3 _____

HIB _____
(3 doses or 1 dose if given after 15 months of age)

Doctor's Name _____

Doctor's Signature _____



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PAROCHIAL SCHOOL REQUEST FOR TRANSPORTATION

DATE _____

I, _____ residing at _____

request transportation to (School Name) _____

Complete address of school _____

Phone # for School _____ for the children listed below for the school year _____ / _____

| Name of Student | Date of Birth | Grade Entering |
|-----------------|---------------|----------------|
| | | |
| | | |
| | | |
| | | |

Please list any known medical problems or conditions our bus driver should be aware of:

PLEASE NOTE:

Section 3635 of the Education Law states that requests for transportation to non-public schools must be submitted to the home district prior to April 1st and that the timely filing of the request is the responsibility of the parents or guardians, and reliance on the non-public school will not serve as a reasonable excuse for lateness. Education Law also requires that a signed affidavit stating that the non-public school has been authorized by the parent/guardian of each child to act as his/her representative be on file in the school office. **TRANSPORTATION FOR ANY REQUESTS NOT RECEIVED BY THE FILING DATE WILL BE PROVIDED ONLY IF AT NO ADDITIONAL COST TO THE DISTRICT!**

If you have any questions regarding your eligibility or any other matter concerning your child's transportation, please call me.

Whenever Batavia City School District is not in session because of weather conditions there will be no bus transportation provided to private or parochial schools serviced by Batavia City School District.

 Parent/Guardian Signature

 Home Phone #

 Work Phone #