

Lutheran South Unity School Registration Form

5401 South Calhoun Street, Fort Wayne, Indiana 46807

260.744.0459 fax: 260.745.9265

www.lsusfw.org

Student Information	Grade Level: K 1 2 3 4 5 6 7 8	<input type="checkbox"/> New student to LSUS		
	School-age siblings are in which grade(s)? n/a K 1 2 3 4 5 6 7 8	School Attended 2017-2018: Home Public School District: FWCS EACS SWAC Other: _____		
	Church Membership _____ Church address _____		City _____ State _____ Zip _____ Phone _____ Pastor _____	
	Is child baptized? Yes No Date of baptism _____		Is the child dedicated? Yes No Date _____	
	Are you interested in learning more about Lutheran worship or one of our association congregations? Yes No Unsure			
	Last Name: _____ First: _____ Middle: _____			
	Name to be called in classroom: _____		Date of Birth: _____	Age: _____ Gender: M F
	Ethnic Group: <input type="checkbox"/> Hispanic <input type="checkbox"/> African American <input type="checkbox"/> Native American <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> Multiracial			
	Sibling(s) Names and Ages: _____			
	Student lives with: __ Both Parents __ Mother __ Father __ Guardian(s)* Parents are: __ Married & living together __ Separated/Divorced/Other * *see Custody Information on page 3 of this application			
Street Address: _____		City: _____	Zip: _____	
Home Phone: () _____		Student Cell Phone: () _____	Cell Phone Provider: _____	
Family Email Address: _____				

Parent/Guardian #1 Information	Last Name: _____ First: _____ Middle: _____ Social Security #: _____
	<input type="checkbox"/> Address below is the same as the student's address.
	Street Address: _____ City: _____ Zip: _____
	Cell Phone: _____ Cell Phone Provider: _____ Home Phone: _____
	Email Address: _____
	Occupation: _____ Religion: _____ Employer: _____ Work Phone: _____

Parent/Guardian #2 Information	Last Name: _____ First: _____ Middle: _____ Social Security #: _____
	<input type="checkbox"/> Address below is the same as the student's address.
	Street Address: _____ City: _____ Zip: _____
	Cell Phone: _____ Cell Phone Provider: _____ Home Phone: _____
	Email Address: _____
	Occupation: _____ Religion: _____ Employer: _____ Work Phone: _____

Emergency Contacts (non-custodial family or friends)	1. Full Name: _____ Relationship to Student: _____ Phone: _____
	Street Address: _____ City: _____ Zip: _____ Cell/Mobile: _____
	2. Full Name: _____ Relationship to Student: _____ Phone: _____
	Street Address: _____ City: _____ Zip: _____ Cell/Mobile: _____
	3. Full Name: _____ Relationship to Student: _____ Phone: _____
	Street Address: _____ City: _____ Zip: _____ Cell/Mobile: _____
These emergency contacts will be used for Extended Care and as Authorized Collection/Pick-Up for your student.	

Medical Contacts	Physician/Clinic: _____ Phone: _____	
	Street Address: _____	City: _____ Zip: _____
	Dentist: _____ Phone: _____	
	Street Address: _____	City: _____ Zip: _____
	Preferred Hospital: _____ Phone: _____	
Medical Information	Please list any speech, language, hearing, allergies or special health precautions, treatments or reactions the student may have: (all food allergies require dated physicians documentation)	
	Medications, food supplements, modified diet:	
	Chronic physical needs or concerns:	
	Medical insurance provider: _____	ID#: _____
IEP	<p><u>Part 1- Permission to Transport Student</u></p> <p>We give LSUS my/our permission to transport my/our child, _____, to the following hospital _____ for emergency medical care or to the following dentist _____ for emergency dental care, or to the nearest available source of assistance.</p> <p>Please Initial: _____</p>	
	OR	<p><u>Part 2- Refusal to Grant Permission to Transport Student</u></p> <p>We do not give permission to LSUS to transport my/our child, _____, for emergency medical or dental care. In the event of an emergency requiring such treatment, I want the following action to be taken:</p> <p>Please Initial: _____</p>
IEP	<p>Does your child have an <u>IEP and/or Service Plan?</u></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Please include a copy</p> <p>Please Initial: _____</p>	
	<p>If you do not disclose to LSUS that your child has an IEP, you may be asked to withdraw your student. <i>A five day notice will be given.</i></p> <p>Please Initial: _____</p>	

Notice of Non-discrimination	Lutheran South Unity School recruits and admits students of any race, color, or ethnic origin to all the rights, privileges, programs, and activities. In addition, the school will not discriminate on the basis of race, color, national, or ethnic origin in administration of its educational policies, scholarships/loans/fee waivers, educational programs and athletics/extracurricular activities. The school is not intended to be an alternative to court or administrative agency ordered, or public school district initiated desegregation.
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LSUS Roster	<p>LSUS will prepare an all school roster of the name, address and telephone number of the student and of the student's parent(s), custodian(s), and/or guardian(s) and will make it available to each parent, custodian or guardian with a student in our school. Included with the child's information to teachers is a list of birth dates and email addresses. Please check the correct box that explains your choices relative to this publication.</p> <p><input type="checkbox"/> Yes, the above information may be included in the roster. <input type="checkbox"/> No, the above information may not be included in this roster.</p> <p><input type="checkbox"/> Only my child's name, class, and birth date (for parties) will be included in the all school roster.</p> <p><input type="checkbox"/> Please send an all school roster to our family.</p>
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Web/Audio-Visual Release Statement	<p>During the school year there are occasions when photographs of your child may be taken by staff of Lutheran South Unity School. Your authorization to use photo(s) of your child in school publications (brochures, newsletters, etc.) is requested. The media may cover events or activities at Lutheran South Unity School. Participation in media events may include your child being photographed, videotaped or interviewed. Student names may appear in some publications. Lutheran South Unity School's website (www.lsusfw.org) is a tool that is used to help the community learn more about our school and allows us to highlight student achievements and school activities. Anyone with the Internet is able to access these pages from virtually anywhere in the world. Student photos are posted on the website to showcase particular events or activities. Identification of students in photos could be by their first name and last initial. Photos of large groups, or action photos where students cannot be identified, may be posted without parental permission. Please sign and date last page.</p> <p><input type="checkbox"/> I DO agree for my student's photo to be taken and used in audio-visual and printed materials.</p> <p><input type="checkbox"/> I DO NOT give permission for my student's photo to be used for audio-visual materials.</p>
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Acceptable Use	<p>As outlined in the Lutheran South Unity School Acceptable Use Policy, I understand my student is to do the following:</p> <ul style="list-style-type: none"> • Use the Internet and school network for education purposes only and only when a teacher is present in the room; color printing will only be done with teacher approval; • Be considerate by not sending messages which are offensive or destroy data through uploading or creating computer viruses; • Respect the privacy and confidentiality of others by using only the files, folders, accounts and passwords which are assigned to me; • Be careful and not reveal my name, my home address and phone number, or the names, addresses and phone numbers of others on the Internet or school network system; • Not access harmful matter or misuse the system. LSUS has taken reasonable precautions to restrict access to controversial materials; however, if I do accidentally come across matter that is not appropriate, I will inform the teacher immediately; • I realize that my student may lose access to the system and be subject to school discipline if s/he does not follow the rules above and those specified in the Acceptable Use Policy.
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Custody Information

Indiana requires that parents inform the school when custody is split between two parents or is with a third party. **Form I:** Custodial Statement and Agreement: Divorce, Separation, or Abandonment; **Form II:** Custodial Statement and Agreement: Third Party Custody; and **Form III:** Election to Attend School Where the Parents Are Divorced or Separated. In completing these forms, the parent(s), guardian(s), or custodian(s) should be certain to fill in all requested information and identify the reason the form is being utilized.

Please Initial _____ **Form I** _____ **Form II** _____ **Form III** _____

Notice of Financial Understanding for the 2016-2017 School Year

Lutheran South Unity School is a religious non-profit school established by the Lutheran South Association, Inc. The school partners with families to prepare students to have an impact on the world in Jesus' Name. The cost of educating your student is off-set by the generous contributions of the four member congregations (Bethlehem Lutheran, Mt. Calvary Lutheran, Peace Lutheran, and Zion Lutheran), donations by those who love Lutheran education or desire to support this mission and ministry, some government funding sources, gifts "in kind", volunteerism, and the amount that families would otherwise be obligated to pay (e.g. tuition). These fees do not include Extended Care, uniforms, band or music fees, overnight trips, breakfast/lunch, school supplies, and extracurricular activities. **Please carefully review the details regarding your financial responsibility.**

Respond to the boxes that apply to your needs. Please Initial _____

We will seek support beyond the congregations' **discipleship grant**. We understand that we must complete a financial assistance verification application through a third-party. Financial assistance is given in the greatest percentage available, varies from year to year, and requires an application each year. **Please Initial** _____

We plan to pay the full amount of our Payment Agreement by or before August 25 and will receive a 2% discount. We understand that we must use Tuition Aid Data Services (TADS) as our tuition management company and that this service is free for our family, because of our full payment. Registration for this service will come home in May. **Please Initial** _____

We plan to pay the amount of our Payment Agreement in one (1) or two (2) installments. We understand that we must use Tuition Aid Data (TADS) as our tuition management company and that this service is free for our family because of paying in one (1) or two (2) payments. **Please Initial** _____

We plan to pay tuition on a monthly basis over the course of the school year. The payment schedule is flexible as is the method of payment. We understand that we must use TADS as our tuition management company and that this costs **\$45 per year, per family**. This fee is unable to be included in tuition as it is paid directly to TADS for servicing our payment plan. **Please Initial** _____

We understand that not making payment for tuition may result in suspension from school, a delay in records transfer, and will decrease the overall school program effectiveness for others. Therefore we will do our very best to make payments a priority for our family. Payments will be made in a timely manner. We will contact the school administration when an alternative solution is needed. **Please Initial** _____

Our family has a different financial need due to a separation or divorce. We understand we are responsible for submitting documentation to show the person(s) responsible for payment. (see custody information above)

Mother's Signature _____ **Father's Signature** _____

Mission & Partnership

Lutheran South Unity is a school community of people dedicated to the following values:

- We believe in the Triune God: Father, Son, and Holy Spirit. Worshiping God is vital for our lives as His people. Weekly or regular worship at a Christian congregation is important for family life and growth.
- We incorporate God's Word throughout the school day. In fact, we exist so that students would come to see God's activity and intimate involvement in all aspects of our lives. Students will participate in prayer, devotions, chapel worship, acts of service and mercy, religion class (age-appropriate Bible study), and the integration of God's Word and Truth throughout the regular curriculum.
- We use Matthew 18:15 and following as an approach for dealing with conflict resulting from sinful behavior. We seek true reconciliation between those who feel wronged and those who sinned against another. We also, however, know that students and others will often need time to mature or to grow in this process. Likewise, we know the difference between childish or foolish behavior as opposed to sinful or willful behavior.
- We respect each other and those in authority over us. We seek to have the perspective that puts the best construction on everything.
- Our association congregations and their respective pastors are available and ready to assist families. Families will be contacted throughout the year to ensure that they are cared for by a Christian community. We do not desire to disrupt the family's involvement in their own congregations.
- Families are the primary educators for all students, so LSUS faculty, pastors, staff, and Board of Director members are partners with the families to optimize student development. Opportunities for connecting and partnering with these groups are made available throughout the school year.
- Research shows that students whose families who volunteer in the school community will have stronger academic growth, higher test scores, and greater understanding of relationships between people. **All families must serve a minimum of 15 volunteer hours over the course of the year, or be asked to pay \$25 per hour not served. This includes volunteering in classrooms, office, on work days, etc.**

We have read these statements and are aware of their implications for our family. Initials: _____

Signature(s)

To the best of my/our knowledge, the information provided on this form (pages 1-3) is accurate and true. We certify that We have legal custody of the child for whom this registration is made.

Signature _____ Date _____ Printed Name _____

Signature _____ Date _____ Printed Name _____

Check list for parent/guardian

Did I bring:

- Birth certificate
- Application fee (\$35 per child; maximum of \$70 per family)
- Most recent IEP, ISTEP, report card, behavior/discipline reports, etc.

Did I receive from LSUS:

- Financial aid information
- TADS sign in information

Did I double check to make sure the application was filled out completely?

___ provide my cell phone provider

___ have written at least two (2) emergency contacts

___ initialed all the appropriate places

___ signed the application (page 3)

Please visit our website at www.lsusfw.org and like our Facebook page at <https://www.facebook.com/LSUSPhoenix>

We are excited to have you part of our Phoenix Family!

