 **Bethlehem Lutheran School**

**K-8 Re-Enrollment Form**

**2024-2025**

This form must be completed in its entirety to begin your child’s enrollment at Bethlehem Lutheran School. In order to create an account on SchoolCues, our school communication system, we must have a full name, phone number, and email for each parent.

**Child & Parent/Guardian Information**

Child’s Full Legal Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred first name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s SSN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate \_\_\_\_\_\_\_\_\_\_\_\_ Gender \_\_\_\_\_\_\_ Enrolling in which grade? \_\_\_\_\_\_\_\_\_\_\_

Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City & Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies or medical conditions (ex: asthma, diabetes) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian #1 Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian #1 Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian #2 Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian #2 Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian #1 Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian #2 Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Racially/Ethnically Identifiable Information**

Bethlehem Lutheran School recruits and admits students of any race, color, gender or ethnic origin to all its rights, privileges, programs and activities. In addition, the school will not discriminate on the basis of race, color, gender or ethnic origin in the administration of its educational programs and athletics/extracurricular activities. Furthermore, the school is not intended to be an alternative to court or administrative agency ordered, or public school district initiated desegregation.

Please check one (optional):

\_\_\_\_Black/Non-Hispanic

\_\_\_\_White/Non-Hispanic

\_\_\_\_Hispanic

\_\_\_\_Asian/Pacific Islanders

\_\_\_\_American Indian

\_\_\_\_Multi-Racial

**Public School & Bussing Information**

Please note that we are required by the State of Ohio to gather the following public school information:

Public School District in which your child resides.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of public school building to which your child would be assigned.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If a Fairborn resident, will the child be riding the bus? YES\_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_

If yes, when? (Please check all that apply.) A.M.\_\_\_\_\_\_\_ P.M.\_\_\_\_\_\_\_

**Request for Extended Care**

Do you plan to use Extended Care on a regular basis? **Please circle**: Yes or No

If you answered “yes” above, please indicate the days/times you will be using the service by circling AM or PM.

Monday AM/PM

Tuesday AM/PM

Wednesday AM/PM

Thursday AM/PM

Friday AM/PM

**Please See Reverse Side**

**Religious Background**

Has your child been baptized? Please circle: Yes or No If yes, what month? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What, if any, church does your family attend? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Photo/Video Release**

During the school year, photographs and videos will be taken. Please **circle yes or no** below if you give permission for your child’s photo to be used in the following ways:

I give permission for my child’s photo to be used in promotional marketing brochures. **Yes or No**

I give permission for my child’s photo to be used in printed materials and advertising. **Yes or No**

I give permission for my child’s photo to be used in special events. **Yes or No**

I give permission for my child’s photo to be used on the school website. **Yes or No**

I give permission for my child’s photo to be used on the school social media sites. **Yes or No**

**Emergency Medical Authorization**

I acknowledge that Bethlehem Lutheran School does not employ or provide nurses, physicians, or other licensed medical care providers. I acknowledge that Bethlehem Lutheran School teachers have been certified in CPR and First Aid. I acknowledge that in the event of a medical emergency, the Bethlehem Lutheran School Staff will take every reasonable measure including CPR, First Aid, and immediately calling 911 to ensure the well-being of my child.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian Date

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by a licensed physician or dentist and (2) the transfer of my child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. Please note in the case of life threatening emergency, 911 will be called and the child will be transported by ambulance to the nearest available hospital.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian Date

**Registration and Tuition**

The registration fee is **$175.00 per person**. The annual tuition amount is **$6500.00**.

**All Tuition is paid through FACTS Tuition Management. Families will have the choice of paying in full by August 1, 2024 or enrolling in a 10 month payment plan using automatic withdrawal from checking, savings, or credit card. Please note there is a $45.00 annual fee for enrolling in a payment plan as well as service fees associated with using a credit card.**

**Tuition assistance through EdChoice and the Lutheran Scholarship Granting Organization is available. Please contact the school office for details and application forms.**

**Please return this form, along with the non-refundable registration fee, to the Bethlehem Lutheran School office.**

Bethlehem Lutheran School

1240 South Maple Avenue

Fairborn, Ohio 45324

(937) 878-7050

office@mybethlehemschool.com

www.mybethlehemschool.com