



1049 First Avenue North Sauk Rapids, MN 56379 — Church: 320-252-0120 — School: 320-251-0158 — www.petalutheran.com

Thank you for choosing Petra Lutheran School!

There are a few items that you need to complete for the registration process.

1. Complete the registration forms. If you are filling the forms out at home, please mail the completed forms to the address above. If you are filling out the forms with the help of a staff member, they will be glad to take care of filing the materials.
2. Make a payment of \$50 to reserve your enrollment at Petra.
3. Go online to our billing system, FACTS, to set up an account for billing (and for financial aid if needed). The link is <https://online.factsmgt.com/signin/410JR> You will be asked to select a payment option that best suits you—monthly, quarterly, semi-annual, or payment in full—using either a credit card (additional fee of 2.85% assessed for processing) or automatic bank draft.

Steps to enroll in a payment plan:

On the FACTS home page, you can sign in to your existing account or create a username and password.

If you have an existing account, choose “Sign in using username” or “sign in using email.” Then click on the “Set Up a Payment Plan” link, select the school year and follow the steps as prompted.

If you are a new FACTS user, please select “Create a username and password.” Please note you can use your email address as your username but make sure you select the correct sign in box when signing in.

4. Obtain a copy of your child’s birth certificate and immunizations to turn in with the registration forms.

If you have any questions at all, please don’t hesitate to contact us.

Thanks again and we look forward to serving your family!

God’s richest blessings,

The Staff of Petra Lutheran School



REGISTRATION FORM

Grade _____ Age _____ Girl () Boy ()

Name of child _____
Last First Middle

Home address _____
Number Street City State Zip

Telephone _____
Home Cell

Date of birth _____ Place of birth _____

Home church _____ Denomination _____ Years Attended _____

Baptized Yes () No () Church _____ Denomination _____ City _____

Pastor _____

Previous school (most recent) _____ Grades _____ Years _____

Child enrolling lives with: Both parents ___ Father ___ Mother ___ Other _____

Father or guardian _____ Address _____ Telephone _____

Occupation _____ Email Address _____

Church Affiliation _____

Mother or guardian _____ Address _____ Telephone _____

Occupation _____ Email Address _____

Church Affiliation _____

Signature of Parent or Guardian

Date



REQUEST FORM FOR DISTRICT PUPIL HEALTH SERVICES

School Year Ending June 2019

The State of Minnesota has authorized local public school districts to allow pupils attending a nonpublic school, (includes home schools), established and operating within the school district boundaries, access to the existing district Pupil Health Services program. These services must be requested by, or on behalf of, the pupil, **no later than September 15, 2018.**

Please indicate, by placing an "X" in the appropriate box below, whether or not you request these items this school year.

Pupil's Name _____ Grade Level _____

Name of School Petra Lutheran School

I do request that the district's Pupil Health Services program be made available to the above pupil this school year.

I **do not** wish to request Pupil Health Services this school year.

Signature of Parent or Guardian

Date

PLEASE RETURN SIGNED FORMS TO THE NONPUBLIC SCHOOL WHEN COMPLETED.



REQUEST FORM FOR TEXTBOOKS, STANDARDIZED TESTS, AND INDIVIDUAL INSTRUCTIONAL MATERIALS

School Year Ending June 2019

The State of Minnesota has authorized local public school districts to loan textbooks, standardized tests, and individualized instructional materials to pupils attending a nonpublic school, (includes home schools), established and operating within the school district boundaries. These materials must be secular in nature, designed primarily for individual use by the pupil in a particular class or program in the school the pupil regularly attends, and must be requested by, or on behalf of, the pupil **no later than September 15, 2018**.

Please indicate, by placing an "X" in the appropriate box below, whether or not you request these items this school year.

Pupil's Name _____ Grade Level _____

Name of School Petra Lutheran School

- I do request that textbooks, standardized tests, and individualized instructional materials be provided on loan to the above pupil this school year.
- I **do not** wish to request the loan of any materials this school year.

Verification of Use: I hereby verify that the textbooks and individualized instructional material requested are to be used by the pupil named above in a course of instruction in that pupil's elementary or secondary school.

Signature of Parent or Guardian

Date

PLEASE RETURN SIGNED FORMS TO THE NONPUBLIC SCHOOL WHEN COMPLETED.



FIELD TRIP CONSENT FORM

I, _____ of the below mentioned student(s), do hereby and herewith give my
(Parent/Guardian)
permission of my said child(ren) to participate in field trips sponsored by the school. I do further agree to hold and save harmless the trustees, teachers, and congregation of Petra Lutheran Church & School located at 1049 1st Avenue North, Sauk Rapids, MN, from all suits, claims or demands of every kind and character arising out of and in connection with the school-sponsored trip in which my said child(ren) shall take part and participate.

Name of student(s): _____,

_____.

Signature of Parent or Guardian

Date



PHYSICAL EDUCATION CONSENT FORM

Dear Parents,

Educators generally agree that physical education is an important part of the total development of a child. However, we do recognize that individuals may have medical reasons that would keep them from participating in physical education. Therefore, we would ask that you please complete this form for each of your children.

Child's Name _____

Please check one of the following:

- may fully participate in physical education
- may participate in limited physical education*
- may **not** participate in physical education*

We ask your cooperation in having appropriate attire at school for your child on days we have physical education.

Signature of Parent or Guardian

Date

*Note: If either of the last two choices are checked, a doctor's explanation should accompany this letter.



MEDICAL EMERGENCY FORM

There may be a time when our school is not able to contact a parent in a medical emergency. Parent permission for treatment is usually required in such a case. The form below gives us information we need to have in case of such an emergency. It also authorizes emergency medical treatment if you can not be reached. Please fill out one form for each of your children attending Petra Lutheran School. This form will be on file in the office and will be taken on every field trip.

Child's name _____ Grade _____ Birth date ____/____/____

Address _____
Street City State Zip

Child's physician _____ Phone number _____

Allergies? ___ Yes ___ No

Explain

Phone Numbers Mother (before 2:45) _____ (after 2:45) _____

Father (before 2:45) _____ (after 2:45) _____

Emergency contact person _____ Phone number _____

Relation of emergency contact person to child _____

I hereby consent to and authorize emergency medical treatment which you judge necessary for my child, _____, in the event I cannot be reached. I understand that I assume all financial responsibility for any treatment or injuries sustained by my child and shall indemnify and hold the school harmless from any costs, including ambulance conveyance expenses, incurred on behalf of my child.

Signature of Parent or Guardian

Date



WEATHER-RELATED EMERGENCY FORM

If it becomes necessary to close school because of inclement weather or some other emergency, Petra Lutheran School staff will make every attempt to contact all parents. If we cannot reach you, please give specific instructions on where your child should go.

Name of person to whom the child should go _____

Address _____

Phone number _____

Relation to child _____

How should your child get there?

Do we need to call ahead? _____

Any specific instructions?

Signature of Parent or Guardian

Date



Picture Use Policy

From time to time pictures of our students will be taken and posted on the Petra Lutheran School website (www.petalutheran.com). We do this to help advertise the type of education we offer here at Petra. When this occurs, we do NOT post the names of students being shown.

- Yes, I give permission to Petra Lutheran School to use pictures of my child on their web page. (www.petalutheran.com)
- No, I do not wish to have my child's picture posted on the Petra Lutheran School web page. (www.petalutheran.com)

Recorded Voice Policy

From time to time our students will have the opportunity to have their voices recorded for the Promethean Boards in our classroom. We can do this to keep the kids interested in learning. It will be a surprise to the students when they hear different voices! We will only use the recorded voices for the Promethean Boards.

- Yes, I give permission to Petra Lutheran School to record my child's voice on the Promethean Boards.
- No, I do not wish to have my child's voice recorded on the Promethean Boards.

Please indicate if we have your permission to use your child's image and to use your child's voice by checking the yes or no boxes, sign and date the form, and return it to the office as soon as possible.

If you have any questions, please contact the school at 320-251-0158.

Child's Name

Signature of Parent or Guardian

Date



After School Care Program Registration Form

Name of student: _____

Address: _____ City: _____

Home phone: _____

Cell phone (mom): _____ Cell phone (dad): _____

Work phone (mom): _____ Work phone (dad): _____

Email (mom): _____ Email (dad): _____

Emergency contact name/relation: _____/_____

Home phone: _____ Cell phone: _____

Authorized pick up list: List anyone who is allowed to pick up your child from our program. If you send someone who is not on the list, staff will not release your child. Staff will check IDs of people they do not know.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____