

St. John Lutheran School

8905 St. Johns Road
Suring, WI 54174

Office: 920-842-4443
stjohns@stjohnlutheranhayes.org

HOUSEHOLD REGISTRATION

Household information shall be filled out once per school year per household by the parent/guardian.

CHILDREN LIVING IN THE SAME HOUSEHOLD

1st CHILD'S LEGAL NAME:

Last Name: _____ First Name: _____ M.I.: _____

Date of Birth: ____ / ____ / ____ Age: ____ Grade: ____ Gender: Male / Female (Circle)

School: _____

2nd CHILD'S LEGAL NAME:

Last Name: _____ First Name: _____ M.I.: _____

Date of Birth: ____ / ____ / ____ Age: ____ Grade: ____ Gender: Male / Female (Circle)

School: _____

3rd CHILD'S LEGAL NAME:

Last Name: _____ First Name: _____ M.I.: _____

Date of Birth: ____ / ____ / ____ Age: ____ Grade: ____ Gender: Male / Female (Circle)

School: _____

4th CHILD'S LEGAL NAME:

Last Name: _____ First Name: _____ M.I.: _____

Date of Birth: ____ / ____ / ____ Age: ____ Grade: ____ Gender: Male / Female (Circle)

School: _____

***Please use an additional sheet of paper if you have additional children.**

HOUSEHOLD INFORMATION**Please Print****PRIMARY HOUSEHOLD - (Physical address where children reside 50% or more of the time.)****1st Adult – Primary Contact**Relation to Student: ☐ Mother ☐ Stepmother ☐ Foster Mother ☐ Grandmother ☐ Aunt ☐ Guardian
☐ Father ☐ Stepfather ☐ Foster Father ☐ Grandfather ☐ Uncle ☐ Other _____Last Name: _____ First Name: _____ Middle Initial: _____ Gender: ☐ M ☐ F

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: ____/____/____ Home Phone: (____) _____ Cell Phone: (____) _____

Employer: _____ Work Phone: (____) _____ Extension: _____

Email 1: _____ Email 2: _____

2nd Adult with the same address as Primary ContactRelation to Student: ☐ Mother ☐ Stepmother ☐ Foster Mother ☐ Grandmother ☐ Aunt ☐ Guardian
☐ Father ☐ Stepfather ☐ Foster Father ☐ Grandfather ☐ Uncle ☐ Other _____Last Name: _____ First Name: _____ Middle Initial: _____ Gender: ☐ M ☐ F

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: ____/____/____ Home Phone: (____) _____ Cell Phone: (____) _____

Employer: _____ Work Phone: (____) _____ Extension: _____

Email 1: _____ Email 2: _____

SECONDARY HOUSEHOLD – (Not children's primary residence.)**1st Adult**Relation to Student: ☐ Mother ☐ Stepmother ☐ Foster Mother ☐ Grandmother ☐ Aunt ☐ Guardian
☐ Father ☐ Stepfather ☐ Foster Father ☐ Grandfather ☐ Uncle ☐ Other _____Last Name: _____ First Name: _____ Middle Initial: _____ Gender: ☐ M ☐ F

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: ____/____/____ Home Phone: (____) _____ Cell Phone: (____) _____

Employer: _____ Work Phone: (____) _____ Extension: _____

Email 1: _____ Email 2: _____

2nd Adult living in secondary householdRelation to Student: ☐ Mother ☐ Stepmother ☐ Foster Mother ☐ Grandmother ☐ Aunt ☐ Guardian
☐ Father ☐ Stepfather ☐ Foster Father ☐ Grandfather ☐ Uncle ☐ Other _____Last Name: _____ First Name: _____ Middle Initial: _____ Gender: ☐ M ☐ F

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: ____/____/____ Home Phone: (____) _____ Cell Phone: (____) _____

Employer: _____ Work Phone: (____) _____ Extension: _____

Email 1: _____ Email 2: _____

EMERGENCY CONTACTS**Please Print**

List contacts in order of preference that you authorize to pick your child up from school in case of emergency, illness or to verify an absence from school if the school is unable to contact a parent or guardian.

1st Emergency Contact

Relation to Student: ☐ Mother ☐ Stepmother ☐ Foster Mother ☐ Grandmother ☐ Aunt ☐ Guardian
☐ Father ☐ Stepfather ☐ Foster Father ☐ Grandfather ☐ Uncle ☐ Other _____

Last Name: _____ First Name: _____ Middle Initial: _____ Gender: ☐ M ☐ F

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Email 1: _____ Email 2: _____

2nd Emergency Contact

Relation to Student: ☐ Mother ☐ Stepmother ☐ Foster Mother ☐ Grandmother ☐ Aunt ☐ Guardian
☐ Father ☐ Stepfather ☐ Foster Father ☐ Grandfather ☐ Uncle ☐ Other _____

Last Name: _____ First Name: _____ Middle Initial: _____ Gender: ☐ M ☐ F

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Email 1: _____ Email 2: _____

3rd Emergency Contact

Relation to Student: ☐ Mother ☐ Stepmother ☐ Foster Mother ☐ Grandmother ☐ Aunt ☐ Guardian
☐ Father ☐ Stepfather ☐ Foster Father ☐ Grandfather ☐ Uncle ☐ Other _____

Last Name: _____ First Name: _____ Middle Initial: _____ Gender: ☐ M ☐ F

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Email 1: _____ Email 2: _____

4th Emergency Contact

Relation to Student: ☐ Mother ☐ Stepmother ☐ Foster Mother ☐ Grandmother ☐ Aunt ☐ Guardian
☐ Father ☐ Stepfather ☐ Foster Father ☐ Grandfather ☐ Uncle ☐ Other _____

Last Name: _____ First Name: _____ Middle Initial: _____ Gender: ☐ M ☐ F

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Email 1: _____ Email 2: _____

Signature Required

I verify the information above is correct and current. I will inform the school of any changes in this information.

Parent/Guardian Signature: _____

Date Signed: ____/____/____

Medical Consent Form

In case of emergency, _____ has my
consent to authorize medical care for my child(ren) listed below:

Our family physician is: _____

His/her address is: _____

His/her telephone # is: _____

Our hospital preference is: _____

Allergies: _____

Contact me immediately at: _____

If unable to contact me, please call:

Name @ Telephone

Name @ Telephone

Signed by

Name: _____

Address: _____

Telephone: _____

Date: _____

Please include a copy of your insurance card

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stjohns@stjohnlutheranhayes.org

STUDENT REGISTRATION

Student information shall be filled out once per student per school year by the parent/guardian.

Legal Last Name: _____ Legal First Name: _____ M.I.: _____

Today's Date: _____ Student's Nickname: _____

Date of Birth: _____ / _____ / _____ Age: _____ Grade: _____ Gender: Male / Female (Circle)

Address: _____

City: _____ State: _____ Zip: _____

Date of Baptism: _____ Name of Church: _____

Current Church Membership: _____

School District residing in: _____ Religion: _____

Food Allergies: _____

Medical Allergies & Conditions: _____

Siblings not enrolled at St Johns

Date of Birth

Please complete one Student Registration Form per student per school year.

St. John Lutheran School

CONSENT TO RELEASE PHOTO/IMAGE

Dear Parent/Guardian,

During your child/children's years here, at St. John Lutheran School, your child's image/photograph may be included in a classroom or school project that could be used in one of the following ways: Posted on the school's web pages on the Internet, or used in a printed publication such as a newspaper. While your child's name may accompany the photo, no last name or address will be included with your child's picture when publishing on the Web, however, the newspaper requires the first and last name is to accompany the picture in order for them to publish it. This will help in advertising St. John Lutheran School and show the range of our academic and social activities our school participates in and helps demonstrate our mission.

Please sign the release form below and return this sheet to your child's school. Your permission grants us approval to publicize without prior notification and remains in effect until revoked.

Release Form

_____ I DO give permission for _____
image/photograph to be used as described above.

_____ I DO NOT give permission for _____
image/photograph to be used as described above.

Parent/Guardian Name _____

Please print clearly Parent/Guardian Signature

_____ Date: _____

INTERNET ACCESS POLICY

Not all information on the Internet is accurate or God-pleasing. St. John Lutheran School is providing access to the Internet as a means to enhance the curriculum and learning opportunities for all learners. When accessing information on the Internet, students are expected to remain on sites directed to by their teacher.

Code of Conduct

The user is held responsible for his/her actions using the Internet. Unacceptable uses of the system will result in the suspension or revocation of Internet use. All copyright laws will be followed. If a student accidentally finds an objectionable site, he/she must immediately inform the teacher and leave that site. If a student is found intentionally viewing objectionable materials, he/she will lose his/her privilege to use the Internet. If the use of personal information (addresses, telephone numbers) is necessary or needed for accessing certain information on the Internet, only the school address and telephone number will be given out.

Parent Consent or Denial

Students may be given assignments with specific Internet sites to access. Students will not be allowed to "surf" the Internet. St. John Lutheran School has taken every possible precaution to prevent students from finding objectionable materials, which blocks objectionable materials. St. John Lutheran School does not have control of information on the Internet; therefore, the information to which students have access through the Internet may include material that is illegal, defamatory, inaccurate, or objectionable. While it is the intent of St. John Lutheran School to make Internet access available to further its educational goals, students may access other materials as well. Students and parents desiring access to the Internet through St. John Lutheran School must annually sign the Internet Access Consent Form.

INTERNET ACCESS CONSENT FORM-GRADES 3K-8

Student Name _____
(Last) (First)

I have read the Internet Access Policy and agree to abide by the provisions. I understand that violation of this policy may result in suspension or revocation of Internet privileges.

Student Signature Date

Parent Signature Date

St. John Lutheran School
Chromebook Policy Agreement

Student Agreement

I have read, understand and agree to abide by the terms of the Chromebook Policy. Should I commit any violation or in any way misuse my Chromebook, I understand and agree that my access privilege may be revoked and School disciplinary action may be taken against me. I understand that I am to treat this Chromebook with care and will be responsible for the cost of repairs or replacement. I will not alter, make changes to, or use the Chromebook in a manner that is in violation of St. John 's Chromebook Policy.

Student (print clearly) _____ Date _____

Student (signature) _____

Parent or Guardian Agreement

As the parent or legal guardian of the above minor, I have read, understand and agree that my child or ward shall comply with the terms of this Chromebook Policy. I understand that the Chromebooks are a privilege and can be revoked if misused. I understand that if the Chromebook is damaged, lost, or stolen that I will be responsible to reimburse St. John for the cost of the repair or replacement. I am signing this Policy and agree to indemnify and hold harmless St. John against all claims, damages, losses and costs, of whatever kind, that may result from my child's or ward's use of his or her Chromebook or violation of the foregoing Policy. Further, I accept full responsibility for supervision of my child's or ward's use of his or her Chromebook. I hereby give permission for my child or ward to use a Chromebook and agree to the above terms and Policy.

Parent or Guardian (print clearly) _____ Date _____

Parent or Guardian (signature) _____

ST. JOHN LUTHERAN SCHOOL
MEDICATION AUTHORIZATION
COMPLETE SEPARATE CARD FOR EACH STUDENT
STUDENT INFORMATION:

NAME: _____ GRADE: _____

AGE: _____ DOB: _____

MEDICATION ALLERGIES: _____

Dear Parent:

During the school year, your child may have the need for topical remedies, solutions, or medication for relief of minor concerns during school hours. Limited supplies of the over-the-counter (OTC) topical remedies, solutions, and/or medications may be stocked at school for student use, as needed.

Administering staff will make efforts to notify parent, guardian, or emergency contact prior to administering oral medications, and will review student's allergies before administering any medication (oral, ocular, or topical). If unable to reach parent, guardian, or emergency contact by phone prior to giving oral medication, a note will go home with student indicating the oral medication given, time, dose & outcome. If administering staff notices a trend where a student is routinely requiring the use of school supplied medication, a staff member will contact parent/guardian to discuss.

The following may be used per manufacturer/package recommendations, for the accompanying indication:

1. Antibiotic ointment/Neosporin: Apply to minor cuts or scratches
2. Hydrocortisone 1% cream: Apply to itchy skin, minor skin irritations, minor insect bites
3. A&D ointment/Desitin: Apply to mild skin irritation or dry skin.
4. Vaseline: Apply to chapped/cracked skin, areas of friction without erosion, minor irritations
5. Insect Sting Swabs/Wipes: Apply topical anesthetic to insect bites.
6. Anbesol/Orajel: Apply for pain relief of oral lesions (canker sores, teething pain)
7. 2nd Skin Circles: Apply to unbroken blisters, blisters that are not red, swollen, or w/drainage.

8. Topical **Oral Lozenge** "cough drops" or "Halls": minor sore throat, cough

9. Saline solution / artificial tears: To assist students in contact lens care, dry eyes, eye flush
The following over-the-counter oral medications may be used for accompanying indications with parent signed permission, below (see **page 2** for dosing instructions):

1. Acetaminophen (Tylenol): antipyretic and minor pain relief
2. Ibuprofen (Advil): antipyretic and for minor pain relief
3. Cetirizine (Zyrtec): minor allergy symptoms and minor local reaction to insect bite
4. Antacid / Calcium Carbonate (Tums): mild indigestion/upset stomach

Parent/Guardian Signature _____ Date: _____

ST. JOHN LUTHERAN SCHOOL
MEDICATION AUTHORIZATION
COMPLETE SEPARATE CARD FOR EACH STUDENT
STUDENT INFORMATION:

NAME: _____ GRADE: _____

AGE: _____ DOB: _____

MEDICATION ALLERGIES: _____

Dear Parent:

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4. Vaseline: Apply to chapped/cracked skin, areas of friction without erosion, minor irritations
5. Insect Sting Swabs/Wipes: Apply topical anesthetic to insect bites.
6. Anbesol/Orajel: Apply for pain relief of oral lesions (canker sores, teething pain)
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The following over-the-counter oral medications may be used for accompanying indications with parent signed permission, below (see **page 2** for dosing instructions):

1. Acetaminophen (Tylenol): antipyretic and minor pain relief
2. Ibuprofen (Advil): antipyretic and for minor pain relief
3. Cetirizine (Zyrtec): minor allergy symptoms and minor local reaction to insect bite
4. Antacid / Calcium Carbonate (Tums): mild indigestion/upset stomach

Parent/Guardian Signature _____ Date: _____

ST. JOHN LUTHERAN SCHOOL, MEDICATION AUTHORIZATION OTC MEDICATION DOSAGE INSTRUCTIONS

The following oral (OTC) medications are available, and may be administered with parent permission (sign page 1). If there is a medication that you **DO NOT** want your child to receive, please indicate by crossing off or marking with an X. Otherwise, **by signing the front of this form you are giving consent for your child to receive the below medications as needed.**

Medication / Dose

Acetaminophen ("Tylenol") Liquid
160 mg/5mL oral suspension, may give 1 dose every 4 hrs, not to exceed 2 doses in 1 school day:
4 - 5 yrs - 7.5 mL (240 mg)
6-8 yrs - 10 mL (320 mg)
9-10 yrs - 12.5 mL (400 mg)
11-12 yrs - 15 mL (480 mg)

Acetaminophen ("Tylenol") Tablet
325 mg tab, may give 1 dose every 4 hrs, not to exceed 2 doses in 1 school day:
8-11 yrs - 1 tab (325 mg)
12 yrs and older - 2 tabs (650 mg)

Ibuprofen ("Advil/Motrin") Liquid
100 mg/5mL oral suspension, may give 1 dose in a day during school hours.
4 - 5 yrs - 7.5 mL (150 mg)
6-8 yrs - 10 mL (200 mg)
9-10 yrs - 12.5 mL (250 mg)
11-12 yrs - 15 mL (300 mg)

Ibuprofen ("Advil/Motrin") Tablet
200 mg tablet, may give 1 dose in a day during school hours.
6-11 yrs - 200 mg (1 tab)
12 yrs and older - 400 mg (2 tabs)

Cetirizine ("Zyrtec") Liquid
1 mg / 1 mL oral suspension, may give 1 dose in a day during school hours.
2-5 years – 5 mL (1 tsp.)
6+ years – 10 mL (2 tsp.)

Cetirizine ("Zyrtec") Tablet
10 mg oral tablet, may give 1 dose in a day during school hours.
6+ years – 10 mg (1 tab)

Calcium Carbonate ("Tums"/Antacid)
500 mg tab, may give 1 dose in a day during school hours.
4 -11 yrs - 500 mg (1 tab)
12 yrs and older - 1,000 mg (2 tabs)

School authorities have my permission to administer school stock medications above, **unless I have crossed off the medication or marked with an X.** I further acknowledge that "Tylenol" & "Advil/Motrin" are 'fever reducing' medications, and may be given to students with fever. However, any student with fever will be sent home and may not return until 24 hours fever free, *without* fever reducing medications. Also, "Tums" may be given for upset stomach, however, any student with symptoms of vomiting or diarrhea will be sent home, and may not return until symptom free for 48 hours.

Thank you for your cooperation.

Page 2 of 2

ST. JOHN LUTHERAN SCHOOL MEDICATION AUTHORIZATION OTC MEDICATION DOSAGE INSTRUCTIONS

The following oral (OTC) medications are available, and may be administered with parent permission (sign page 1). If there is a medication that you **DO NOT** want your child to receive, please indicate by crossing off or marking with an X. Otherwise, **by signing the front of this form you are giving consent for your child to receive the below medications as needed.**

Medication / Dose

Acetaminophen ("Tylenol") Liquid
160 mg/5mL oral suspension, may give 1 dose every 4 hrs, not to exceed 2 doses in 1 school day:
4 - 5 yrs - 7.5 mL (240 mg)
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9-10 yrs - 12.5 mL (400 mg)
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Acetaminophen ("Tylenol") Tablet
325 mg tab, may give 1 dose every 4 hrs, not to exceed 2 doses in 1 school day:
8 -11 yrs - 1 tab (325 mg)
12 yrs and older - 2 tabs (650 mg)

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100 mg/5mL oral suspension, may give 1 dose in a day during school hours.
4 - 5 yrs - 7.5 mL (150 mg)
6-8 yrs - 10 mL (200 mg)
9-10 yrs - 12.5 mL (250 mg)
11-12 yrs - 15 mL (300 mg)

Ibuprofen ("Advil/Motrin") Tablet
200 mg tablet, may give 1 dose in a day during school hours.
6-11 yrs - 200 mg (1 tab)
12 yrs and older - 400 mg (2 tabs)

Cetirizine ("Zyrtec") Liquid
1 mg / 1 mL oral suspension, may give 1 dose in a day during school hours.
2-5 years – 5 mL (1 tsp.)
6+ years – 10 mL (2 tsp.)

Cetirizine ("Zyrtec") Tablet
10 mg oral tablet, may give 1 dose in a day during school hours.
6+ years – 10 mg (1 tab)

Calcium Carbonate ("Tums"/Antacid)
500 mg tab, may give 1 dose in a day during school hours.
4 -11 yrs - 500 mg (1 tab)
12 yrs and older - 1,000 mg (2 tabs)

School authorities have my permission to administer school stock medications above, **unless I have crossed off the medication or marked with an X.** I further acknowledge that "Tylenol" & "Advil/Motrin" are 'fever reducing' medications, and may be given to students with fever. However, any student with fever will be sent home and may not return until 24 hours fever free, *without* fever reducing medications. Also, "Tums" may be given for upset stomach, however, any student with symptoms of vomiting or diarrhea will be sent home, and may not return until symptom free for 48 hours.

Thank you for your cooperation.

Page 2 of 2

STUDENT IMMUNIZATION RECORD

INSTRUCTIONS TO PARENT: COMPLETE AND RETURN TO SCHOOL WITHIN **30 DAYS AFTER ADMISSION**. State law requires all public and private school students to present written evidence of immunization against certain diseases **within 30 school days of admission**. The current age/grade specific requirements are available from schools and local health departments. These requirements can only be waived if a properly signed health, religious or personal conviction waiver is filed with the school. The purpose of this form is to measure compliance with the law and will be used for that purpose only. If you have questions regarding immunizations, or how to complete this form, contact your child's school or local health department.

Step 1 PERSONAL DATA

PLEASE PRINT

Student's Name	Birthdate (MM/DD/YYYY)	Gender	School	Grade	School Year
Name of Parent/Guardian/Legal Custodian		Address (Street, City, State, Zip)		Telephone Number	

Step 2 IMMUNIZATION HISTORY

List the MONTH, DAY, AND YEAR your child received each of the following immunizations. DO NOT USE A (✓) OR (X) except to answer the question about chickenpox, Tdap, or Td. If you do not have an immunization record for this student at home, contact your doctor or public health department to obtain it.

TYPE OF VACCINE*	FIRST DOSE MM/DD/YYYY	SECOND DOSE MM/DD/YYYY	THIRD DOSE MM/DD/YYYY	FOURTH DOSE MM/DD/YYYY	FIFTH DOSE MM/DD/YYYY
DTaP/DTP/DT/Td (Diphtheria, Tetanus, Pertussis)					
Adolescent booster (Check appropriate box) <input type="checkbox"/> Tdap <input type="checkbox"/> Td					
Polio					
Hepatitis B					
MMR (Measles, Mumps, Rubella)					
Varicella (Chickenpox) Vaccine <i>Vaccine is required only if your child has not had chickenpox disease. See below:</i>					
Has your child had Varicella (chickenpox) disease? Check the appropriate box and provide the year if known: <input type="checkbox"/> YES _____ Year (Vaccine not required) <input type="checkbox"/> NO or Unsure (Vaccine required)			Has your child had a blood test (titer) that shows immunity (had disease or previous vaccination) to any of the following? (Check all that apply) <input type="checkbox"/> Varicella <input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Rubella <input type="checkbox"/> Hepatitis B If YES, provide laboratory report(s)		

Step 3 REQUIREMENTS

Refer to the age/grade level requirements for the current school year to determine if this student meets the requirements.

Step 4 COMPLIANCE DATA

STUDENT MEETS ALL REQUIREMENTS

Sign at Step 5 and return this form to school.

Or

STUDENT DOES NOT MEET ALL REQUIREMENTS

Check the appropriate box below, sign at Step 5, and return this form to school. PLEASE NOTE THAT INCOMPLETELY IMMUNIZED STUDENTS MAY BE EXCLUDED FROM SCHOOL IF AN OUTBREAK OF ONE OF THESE DISEASES OCCURS.

- ☐ Although my child has **NOT** received **ALL** the required doses of vaccine, the **FIRST DOSE(S)** has/have been received. I understand that the **SECOND DOSE(S)** must be received by the 90th school day after admission to school this year, and that the **THIRD DOSE(S)** and **FOURTH DOSE(S)** if required must be received by the 30th school day next year. I also understand that it is my responsibility to notify the school in writing each time my child receives a dose of required vaccine.

NOTE: Failure to stay on schedule may result in exclusion from school, court action and/or forfeiture penalty.

WAIVERS (List in Step 2 above, the date(s) of any immunizations your child has already received)

- ☐ **For health reasons** this student should not receive the following immunizations _____

SIGNATURE - Physician

Date Signed

- ☐ **For religious reasons**, I have chosen not to vaccinate this student with the following immunizations (check all that apply)
☐ DTaP/DTP/DT/Td ☐ Tdap, ☐ Polio ☐ Hepatitis B ☐ MMR (Measles, Mumps, Rubella) ☐ Varicella

- ☐ **For personal conviction reasons**, I have chosen not to vaccinate this student with the following immunizations (check all that apply)
☐ DTaP/DTP/DT/Td ☐ Tdap ☐ Polio ☐ Hepatitis B ☐ MMR (Measles, Mumps, Rubella) ☐ Varicella

Step 5 SIGNATURE

This form is complete and accurate to the best of my knowledge. Check one: (I do ☐ I do not ☐) give permission to share my child's current immunization records and as they are updated in the future with the Wisconsin Immunization Registry (WIR). I understand that I may revoke this consent at any time by sending written notification to the school district. Following the date of revocation, the school district will provide no new records or updates to the WIR.

SIGNATURE - Parent/Guardian/Legal Custodian or Adult Student

Date Signed

ST. JOHNS SCHOOL BUS REQUEST FOR AM AND PM BUSING FORM

SCHOOL: _____ School year: _____

HOME ADDRESS; _____

STUDENT PICK UP ADDRESS _____

STUDENT DROP OFF ADDRESS _____

MOTHERS NAME AND PHONE NUMBER _____

MOTHER HOME ADDRESS _____

FATHERS NAME AND PHONE NUMBER _____

FATHERS HOME ADDRESS _____

IN CASE OF EMERGENCY IF PARENTS CAN NOT BE REACHED _____

STUDENTS LAST NAME _____ STUDENT FIRST NAME _____ GRADE _____

STUDENTS LAST NAME _____ STUDENT FIRST NAME _____ GRADE _____

STUDENTS LAST NAME _____ STUDENT FIRST NAME _____ GRADE _____

STUDENTS LAST NAME _____ STUDENT FIRST NAME _____ GRADE _____

PLEASE FILL OUT AND TURN INTO THE OFFICE:

LAMERS

Peggy Gordon Office phone: 920-842-2937 ext: 10512 Cell: 920-590-0623

e-mail: peggygordon@golamers.com 705 Groninger St. Suring, WI 54174