

# **Clarinda Lutheran School**

## **Registration, PTL Picnic & Classroom Visits**

**DELIVERED**  
***Daniel 3:28***

*The Lord has blessed Clarinda Lutheran School in many wonderful ways. We're thankful that you are one of those blessings by being a part of this educational ministry in Clarinda, Iowa.*

This 2019-2020 registration packet has been put together for your convenience to fill out at home where all of your records are kept.

☺ **Registration: Monday, 8/12 & Tuesday, 8/13 from 10:00 – 3:00 p.m.**

Please bring your completed registration packet. If you have not paid the enrollment/re-enrollment fee to-date, it will also be due at registration. Lunch money may be paid but it is not required on this date.

**All signed forms must be turned in and the registration fee paid to attend class on the first day of school, August 21.**

If you are unable to come to registration, we would appreciate your forms before August 21.

### **PTL Picnic & Classroom Visits** **Monday, August 19<sup>th</sup>**

**5:30 – 7:00 p.m.      Picnic**

#### **Classroom Visits**

Scheduled times for each grade level will be posted as you enter CLS the evening of the PTL Picnic

**The first day of school is *Wednesday, August 21*.** School begins at 8:10 a.m. We will have chapel at 8:25 a.m. School will end at 3:00 p.m. Bus pick-up is at 3:00 p.m. Busses will not be running on the 21st or the 22nd, these will be parent transport days.

On the back you will find a check list of forms to be completed for registration. If you have any questions or concerns, please contact Mrs. Marcum at 712-542-3657 or via e-mail: [smarcum@cls.k12.ia.us](mailto:smarcum@cls.k12.ia.us)

# Clarinda Lutheran School

## Registration Check List 2019-2020

### **FORMS WHICH APPLY TO ALL FAMILIES** **(one per family):**

- ☐ Cover Letter & Registration Check List
- ☐ PTL School Picnic Form
- ☐ Chapel Family T-shirt Order Form
- ☐ Parent Contact / Emergency / Health Form
- ☐ Parent-Student Handbook
- ☐ Handbook Support & Media Release Form
- ☐ Textbook Services Request Form
- ☐ Field Trip & Medical Treatment Consent Form
- ☐ Transportation Designation Form

### **INDIVIDUALIZED FORMS**

- ☐ Athletic Physical Exam Form (grades 7/8) – original to CLS; we will get copies to CMS
- ☐ CMS Insurance Form for 7 & 8 athletics – form goes directly to CMS for the current sport only.
- ☐ CMS Concussion Form for 7 & 8 athletics – form goes directly to CMS
- ☐ Application for Admission (new students only)
- ☐ CHS Transcript Release Form (8<sup>th</sup> grade only)
- ☐ Transfer Record Form (for new students in grades 1-8 transferring from another school)
- ☐ Transportation Reimbursement Forms (for those living outside of the Clarinda School District). You will need to fill out two forms, one per semester and take them to the appropriate school for reimbursement.

### **Checks may be made out to:**

#### ***CLARINDA COMMUNITY SCHOOLS***

For Lunch Accounts or  
Student Activity Cards

#### ***CLARINDA LUTHERAN SCHOOL***

For the Academic Fee and Tuition

### **ADDITIONAL INFORMATION ENCLOSED**

- ☐ School Calendar (1-page)
- ☐ School Supply List

### **ADDITIONAL INFORMATION TO BE** **AVAILABLE during Registration/First Day** **of School:**

- ☐ Class Information & Schedules
- ☐ CLS School Calendar
- ☐ CLS Athletic Program/Schedules (grades 6-8)
- ☐ Free/Reduced Lunch Form (to be turned in to Clarinda High School)
- ☐ Various Pamphlets of Interest
- ☐ Volunteer Opportunities

### **ON REGISTRATION DAY:**

- \_\_\_\_\_ Turn in the appropriate forms listed
- \_\_\_\_\_ Pay \$100 Enrollment/Re-enrollment Fee (if not paid to-date)
- \_\_\_\_\_ Bring your signed Financial Payment Agreement Form (mailed to you in July).
- \_\_\_\_\_ Turn in Certificate of Immunization (Kindergarten & students new to CLS)
- \_\_\_\_\_ Turn in a copy of child's Birth Certificate and Dental Screening Form (grade K only)
- \_\_\_\_\_ Pay Lunch Money (optional) -- can also be done on the first day of school
- \_\_\_\_\_ Purchase a Student Activity Card for Clarinda Schools \$30.00 (optional) -- can also be done at any time during the year.

### **LUNCH PRICES**

Student Lunches - \$2.50 each

Student Milk - \$.30 each

Adult Lunches - \$3.65 each



**CLARINDA LUTHERAN SCHOOL**  
**Parent Contact / Emergency / Health Information Form 2019–2020**

Information with an \* will be printed in the family directory which each school family receives.

\*Parent(s) Name \_\_\_\_\_

\*Complete Address \_\_\_\_\_

\*Home Phone Number \_\_\_\_\_

\*E-mail Address(s) (home) \_\_\_\_\_

- ☐ Yes, you may print my e-mail address in the Family Directory.  
☐ No, please do not print my e-mail address in the Family Directory.

E-mail Address(s) (work) \_\_\_\_\_

Father's Place of Business & Phone Number \_\_\_\_\_

Mother's Place of Business & Phone Number \_\_\_\_\_

Work email/numbers **will not** be printed in the Family Directory (will only be used by staff when needed)

\*Cell Phone Numbers \_\_\_\_\_

*Child's Name	_____	*Grade this fall	_____
	_____		_____
	_____		_____
	_____		_____

#1: Emergency Contact Name (and relationship) \_\_\_\_\_  
Phone Number(s) \_\_\_\_\_

#2: Emergency Contact Name (and relationship) \_\_\_\_\_  
Phone Number(s) \_\_\_\_\_

If you need more room for any of the following, please use the back of this form:

Allergies \_\_\_\_\_

Doctor's Name \_\_\_\_\_

Location of Office \_\_\_\_\_ Phone Number \_\_\_\_\_

Dentist's Name \_\_\_\_\_

Location of Office \_\_\_\_\_ Phone Number \_\_\_\_\_

If your child(ren) wear glasses or contact lenses, please fill out the information below:

Optometrist \_\_\_\_\_

Location of Office \_\_\_\_\_ Phone Number \_\_\_\_\_

Medications taken regularly \_\_\_\_\_

Please list any other medical, social, emotional needs/conditions which you feel the school should be aware of:

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

*Clarinda Lutheran School receives state money for the purchase of textbooks. This covers a small percentage of our needs but it is helpful. Thank you for taking the time to fill this out.*  
*Mr. Gosa*

## **CLARINDA COMMUNITY SCHOOL DISTRICT**

### **2019-2020 TEXTBOOK SERVICES REQUEST**

I, \_\_\_\_\_, hereby request textbook  
(Parent's name)

services as the parent or guardian of the following named children who will be attending Clarinda Lutheran School for the upcoming school term.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

I acknowledge that I am willing to conform to Chapter 285, section 15, of the Code of Iowa which states: "If the funds appropriated by the General Assembly are not sufficient to pay claims submitted by the school districts, the amount paid to each school district by the department shall be prorated on the basis of funds so appropriated. The difference between the amount of the claim of a school district and the amount of payment received from the department of public instruction shall be paid by the parent or guardian of the nonpublic school pupil served."

\_\_\_\_\_  
(signature) (date)

\_\_\_\_\_  
(address)

**CLARINDA LUTHERAN SCHOOL  
FIELD TRIP CONSENT FORM  
2019 - 2020**

**Students Name:** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Students Name:** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Students Name:** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Students Name:** \_\_\_\_\_ **Grade** \_\_\_\_\_

have my permission to take part in class trips and outings where the location is away from school. Travel will be by school bus or personal vehicles. It is my understanding that the teacher will send home information regarding each trip outside of the Clarinda area.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**EMERGENCY/MEDICAL TREATMENT CONSENT FORM  
2019 – 2020**

**Students Name:** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Students Name:** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Students Name:** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Students Name:** \_\_\_\_\_ **Grade** \_\_\_\_\_

If the school is unable to reach me, I hereby authorize the school to call the physician indicated on the Parent Contact & Emergency Information form. The school is to follow his or her instructions.

If the physician is unable to be contacted, I realize the school personnel will make whatever arrangements seem necessary.

In an emergency, I hereby give permission to the licensed physician to hospitalize; secure proper treatment; examine; and in case of life-threatening conditions, apply anesthesia and/or surgery for my child(ren) named on this consent form.

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# TRANSPORTATION DESIGNATION FORM 2019-2020

One form can be used for each family, if all children have the same transportation procedure (otherwise use one for each student).

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent's Names: \_\_\_\_\_

Please plan with your child the nearest route to your home or to the sitter's home and ask that he/she use that route.

**Unless I notify Clarinda Lutheran School by note or by phone to do otherwise:**

## **REGULAR DISMISSAL:**

\_\_\_\_\_ My child is to come home after school.

\_\_\_\_\_ My child goes regularly to a sitter.

Sitter's name: \_\_\_\_\_

Sitter's address: \_\_\_\_\_

Sitter's phone number: \_\_\_\_\_

\_\_\_\_\_ Other: \_\_\_\_\_

\*\*\*\*\*

## **HOW TO GET HOME OR TO SITTER'S AFTER SCHOOL**

\_\_\_\_\_ My child rides the shuttle bus to Clarinda Middle School

\_\_\_\_\_ My child rides a rural bus

\_\_\_\_\_ My child walks from Clarinda Lutheran School

\_\_\_\_\_ My child will be picked up by parents or \_\_\_\_\_

\_\_\_\_\_ Other: \_\_\_\_\_

\*\*\*\*\*

## **IF IT SHOULD BECOME NECESSARY TO DISMISS SCHOOL EARLY BECAUSE OF WEATHER OR OTHER EMERGENCIES:**

\_\_\_\_\_ My child is to follow his/her usual procedure for leaving school.

\_\_\_\_\_ My child is to go to:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

\*\*\*\*\*

## **LEGAL DOCUMENTATION:**

These forms need to be on file in the school office for the school to intervene and to deny individuals (i.e. relatives or non-custodial parent) the right to pick up or transport the student.

\*\*\*\*\*

Signature \_\_\_\_\_ Date \_\_\_\_\_

# PTL School



## Monday, August 19th

### 5:30 – 7:00 p.m.

### Clarinda Lutheran School

You don't need to bring a thing! Just your family! Everything will be provided. Come and meet our new students and new families. Reconnect with returning students, family and staff.

## Fun! Food! Fellowship!

Please respond via return e-mail by Tuesday, August 15<sup>th</sup> in order to give the PTL planners some idea how much to prepare. If you find your plans change but you didn't sign up, come anyway! They will prepare for extras!

\_\_\_\_\_ I plan to attend the picnic.  
There will be \_\_\_\_\_ adults and \_\_\_\_\_ children.

\_\_\_\_\_ I won't be able to attend.

Name: \_\_\_\_\_