



2026-2027



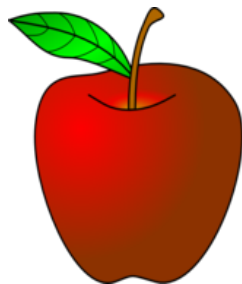
St. Paul's Lutheran School

A Few Things We Need

Welcome to St. Paul's Lutheran School and Church

Please fill out the Registration packet and return it to the office as soon as possible along with your 1st semester tuition. In order to be listed as an enrolled student at St. Paul's all paperwork, 1st semester tuition, shot records and birth certificate must be on record in the office.

If you have any questions please contact Madie Boman in the office. 284-2944



Lunch & Milk Costs

Lunch \$5.00 each

Milk \$0.60 each

Preschool students are offered milk every day with their snack. You can pay for this by the semester. This cost is dependent upon our contracted prices with OPSD and is subject to change.

- ✓ Signed Doctor's Physical report – Kindergarten
- ✓ Eye Exam - Kindergarten
- ✓ Immunization Records – **All Students**
- ✓ Official Birth Certificate – entering Kindergarten or transferring

School Management Software

We use Brightwheel as our school management system for student information and tuition payments.

Tuition

Preschool – 5th Grade

- ✓ Total cost: \$1300 per student
- ✓ \$100 Enrollment Fee
- ✓ Remaining \$550 paid 30 days prior to first day of school. Spots are not guaranteed until all documents and 1st semester tuition is paid.
- ✓ \$650 paid by January 3rd, 2025
- ✓ Payment arrangements can be made with the head teacher and school board.

2026-2027

Office Use only
Date received _____
Tuition paid _____



ST. PAUL'S LUTHERAN SCHOOL

312 West 3rd
Ogallala, NE 69153
308-284-2944

All registering students need to have this form completed each year and returned to the school office as soon as possible. This information is needed for the proper enrollment of your child and to comply with state requirements of age and health. Please fill out a separate form for each student.

Enrollment for (check one): ____Preschool 3 yr. old ____Preschool 4 Yr. old ____Kindergarten
____1st Grade ____2nd Grade ____3rd Grade ____4th Grade ____5th Grade

Student's Name _____
Last First Middle

Address _____
Street City State Zip Code

(____) _____
Telephone Date of Birth Place of Birth

Ethnicity _____ Sex Male ____ Female ____

FAMILY INFORMATION

Father's Name Mother's Name
Married ____Divorced ____Deceased ____ Married ____Divorced ____Deceased ____

If divorced, please indicate which parent has legal custody. _____

If divorced, please indicate non-custodial address. _____

Father's Occupation Mother's Occupation

Work Phone # Cellular Phone # Work Phone # Cellular Phone #

E-mail Address E-mail Address

Emergency Contact Name _____ Phone # _____

CHURCH INFORMATION

Member at:

Father _____
Congregation's Name City State Attending?

Mother _____
Congregation's Name City State Attending?

Is your child baptized? _____

If yes, please list: _____
Church City State Date

Would you like information about St. Paul's Lutheran Church (Yes/No)? _____

Please list the names and birth dates of any brothers and / or sisters:

The purpose of our school is to provide children with Christian training based upon Scripture and the Lutheran Confessions. As parents, if you are not a member of the Lutheran Church-Missouri Synod, we invite you to talk with the pastor or head teacher in order to acquaint yourself with the doctrines of the Lutheran Church-Missouri Synod.
If this application is accepted, it would be helpful to know of any disabilities or handicaps your child may have. All information is confidential.

Indicate your reason for wishing your child to be enrolled at St. Paul's Lutheran School.

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If your child is transferred from another school, please answer the following questions. If your child has attended no other school before, omit the information requested below.

School from which you intend to transfer: _____
Address: _____

Street	City	State	Zip Code
Grade last completed: _____ When completed: _____			

In which grade do you wish your child to be enrolled? _____

Has your child repeated any grade? _____

Has your child been suspended or expelled from school in the past 2 years? _____

If yes to repeated grades and/or suspension, please use the area below to explain the circumstances.

St. Paul's Lutheran School admits students of any race, color, national and ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, scholarship and loan programs, and athletic and other school-administered programs.

Parent Signature: _____ Date: _____

Children's Record

PARENTS: PLEASE FILL IN ALL BLANKS

Child(ren)'s Name: _____ Birthdate(s): _____

Enrollment Date: _____ Updates: _____ Date Care Ceased: _____

Parent or Guardian's Home Address and Employment Address:

FATHER (or Guardian):

Name: _____ Employer: _____

Address: _____ Address: _____

City: _____ Phone: _____ City: _____ Phone: _____

MOTHER (or Guardian):

Name: _____ Employer: _____

Address: _____ Address: _____

City: _____ Phone: _____ City: _____ Phone: _____

Person(s) to Whom the Child(ren) may be Released by the Caregiver: (If no one, please write "none")

Name: _____ Name: _____

Address: _____ Address: _____

City: _____ Phone: _____ City: _____ Phone: _____

Name: _____ Name: _____

Address: _____ Address: _____

City: _____ Phone: _____ City: _____ Phone: _____

Person(s) Who Will Take Responsibility for the Child(ren) in an Emergency When the Parent (or Guardian) Cannot be Reached: (ONE NAME MUST BE GIVEN)

Name: _____ Name: _____

Address: _____ Address: _____

City: _____ Phone: _____ City: _____ Phone: _____

Name: _____ Name: _____

Address: _____ Address: _____

City: _____ Phone: _____ City: _____ Phone: _____

Consent to Contact Physician in Emergency:

In the event I cannot be reached to make arrangements, I hereby give my consent to _____

Caregiver

to contact Doctor _____

Name of Physician

Phone

_____ and, if necessary, take my child(ren) to the

Address

City

following doctor(s), clinics, or hospital _____

Signature of Parent/Guardian

Date

MEDICATION COMPETENCY STATEMENT

I, _____ have determined

Parent /Guardian Name

that _____ is/are competent to give or apply medication to my child(ren).

Provider/Director/Staff Name(s)

Signature of Parent/Guardian

Date

CHILD'S MEDICAL INFORMATION

Current health status or any health problems caregiver should know: _____

Medication, if any: _____

List any allergies and/or intolerance to food, insect bites, or stings, or other factors that result in a medical reaction. Please give clear instructions in the event of an exposure of the factor: _____

Special Concerns: (Glasses, Hearing Aid, Crutches) _____

Any activities child(ren) should NOT engage in: _____

Company providing health and/or accident insurance coverage: (Optional) _____

I certify that the above information is correct to the best of my knowledge.

Signature of Parent/Guardian

Date



ST. PAUL'S LUTHERAN SCHOOL

312 West 3rd Street
Ogallala, NE
Phone: (308) 284-2944

Please sign and Return This Sheet by the First Day of School

We/I have read the rules and regulations for St. Paul's Lutheran School and we/I have read the permit form.

Student Name: _____

Parent or Guardian: _____

Permit Form for Field Trips

I hereby give consent for the above named student to accompany his/her class on any field trips during the school year. I understand that previous notice will be given as to the time, place, and travel details of the trip.

I authorize the school to obtain, through a physician of its choice, any emergency care that may become reasonably necessary for the student in the course of such travel. I also agree not to hold the school or anyone acting on its behalf responsible for any injury to the above named student in the course of such travel.

Emergency Contact

Name: _____

Phone Number: _____

E-mail Address: _____

Social Media Release Form

St. Paul's Lutheran School does use a Facebook page. This is a public page that we use to showcase our wonderful school as well as to keep parents/guardians updated on school events.

☐ Yes - I consent. I grant permission for my child to participate and appear in video or audio recordings, photographs, and written articles on social media sites.

☐ No - I do not consent to use of my child's photograph, voice, and/or name in various media projects.

Students Name_____

Date_____

Parent Name (Printed)_____ Parent Signature_____



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NOTICE

The following **MUST** be submitted to the school office **30 days PRIOR** your child's first day of school:

PRESCHOOL – 5TH GRADE

- Immunization records: These must be completed and comply with Nebraska State Law. This must be done **30 days PRIOR** to the first day of school.

KINDERGARTEN

- Physical Exam: This must be done or a waiver signed and turned into the school **30 days PRIOR** to your child's first day of school.
- Vision Exam: This must be done by an Optometrist, Physician, Physician's Assistant, or Nurse Practitioner. It must be completed or a waiver signed **30 days PRIOR** to your child's first day of school.

KINDERGARTEN AND NEW STUDENTS

- An original, certified Birth Certificate must be presented to the school **30 days PRIOR** to the first day of school. A copy will be made and placed in the student's file.

Physical Examination forms may be turned in to the School Office or they may be mailed to:

St. Paul's Lutheran School
312 West 3rd Street
Ogallala, NE 69153