



# King of Kings Lutheran School Registration Forms Cover Letter ~ 2020-2021

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Parents,

This packet contains all of the documents needed to register your child at King of Kings Lutheran School for the 2020-2021 school year. Please take the time to completely fill out each paper as well as sign every form in this registration packet. Once completed, all registration forms are to be turned in to the school office. If you have any questions, please feel free to contact the school office, or our principal, Mr. Plocher.

- Anti-Bullying Contract
- Emergency Notification Form
- Field Trip Permission & Guidelines Form
- Handbook Agreement Form
- Health Form
- Medical Treatment Release Form
- Permission to Leave Campus Form
- Photo & Video Release Form
- School Directory Form



# King of Kings Lutheran School

## Anti-Bullying Contract ~ 2020-2021

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The students at King of Kings Lutheran School are taught to show love to each other, just as Christ loved them. However, we understand that from time students sin and do not treat each other in a loving manner. Bullying is not allowed at King of Kings Lutheran School. Our school differentiates between rude behavior, mean behavior, and bullying.

1. Rude behavior is doing something unintentionally hurtful to another person either physically or emotionally. Once the sin has been pointed out, and the student asks for and receives forgiveness, the behavior stops.
2. Mean behavior is doing something intentionally hurtful to another person either physically or emotionally. Once the sin has been pointed out, and the student asks for and receives forgiveness, the behavior stops.
3. Bullying is doing something intentionally hurtful to another person either physically or emotionally. However, once the sin has been pointed out, and the student asks for and receives forgiveness, the behavior does not stop.
4. Cyberbullying is using technology to intentionally hurt another person either physically or emotionally. However, once the sin has been pointed out, and the student asks for and receives forgiveness, the behavior does not stop.

All students have the right to the following:

1. A safe and peaceful school environment where you are free from physical and emotional threats, harassment, and bullying.
2. The opportunity to submit a verbal or written complaint of conduct you feel might be considered bullying to a teacher, the principal, or the pastor, without fear that your name will be revealed.

If a complaint of bullying is made, the principal and classroom teacher will investigate and issue appropriate consequences. If the behavior continues, a bullying student faces possible suspension(s) and/or expulsion from school.

*By signing this document, you are acknowledging that you understand 1) what bullying and cyberbullying are; 2) your rights regarding bullying; and, 3) the possible consequences associated with bullying others.*

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_



# King of Kings Lutheran School Emergency Notification Form ~ 2020-2021

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Name of Student \_\_\_\_\_

Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Father's Name \_\_\_\_\_

Father's Email \_\_\_\_\_

Father's Cell # \_\_\_\_\_ Father's Home # \_\_\_\_\_

Father's Place of Employment \_\_\_\_\_

Father's Work # \_\_\_\_\_ Father's Working Hours \_\_\_\_\_

Mother's Name \_\_\_\_\_

Mother's Email \_\_\_\_\_

Mother's Cell # \_\_\_\_\_ Mother's Home # \_\_\_\_\_

Mother's Place of Employment \_\_\_\_\_

Mother's Work # \_\_\_\_\_ Mother's Working Hours \_\_\_\_\_

***Please list others who may be contacted to pick up your child in case of an emergency.***

1. Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Phone # \_\_\_\_\_

2. Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Phone # \_\_\_\_\_

3. Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Phone # \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



# King of Kings Lutheran School

## Field Trip Permission Form ~ 2020-2021

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Name of Student \_\_\_\_\_ Grade \_\_\_\_\_

My child has permission to attend all King of Kings Lutheran School field trips for the 2020-2021 school year. I understand that information about each field trip will be sent home prior to the date of each trip.

In case of an emergency, my child may be treated by medical personnel. All volunteers driving for a trip must have a valid driver's license, proof of insurance and proper seatbelts.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Emergency Phone # \_\_\_\_\_



# King of Kings Lutheran School

## Field Trip Guidelines for Drivers/Chaperones

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Thank you for volunteering to assist with our field trip. In order to enjoy a safe learning experience, please read through the following guidelines for field trip drivers/chaperones. Once you have done so, please sign and date the back of the form.

1. All drivers/chaperones must be at least 21 years of age.
2. Drivers must have a valid driver's license as well as valid automobile liability insurance as required by the state of California.
3. The maximum ratio of students to chaperones is 10 elementary students to 1 chaperone. Per the teacher's discretion, additional chaperones can be asked to supervise smaller groups of students.
4. Please do not bring any other family members with you on the field trip unless you have received permission from the teacher. The students assigned to your group will need your full attention during the entire field trip.
5. Familiarize yourself with the general instructions given to the students prior to the field trip and enforce these instructions throughout the trip.
6. Teachers reserve the right to assign and/or reassign students to groups.
7. The students in your assigned group are your responsibility. Know exactly how many students are in your group and learn their names and faces. Be sure that all are present before moving from one place to another.
8. Always be safety conscious. You are responsible for the continuous monitoring of your group's activities.
9. Be on time for designated meeting places and departure.
10. School district policies apply to district sponsored, off-site activities. As a volunteer chaperone you:
  - A. May not use, sell, provide, possess or be under the influence of drugs or alcohol. Drinking of alcoholic beverages by a chaperone at any time during a field trip is prohibited.
  - B. May not smoke or use tobacco or controlled substances including electronic cigarettes, or look-a-likes in any form
  - C. May not possess articles that can be used as weapons
  - D. May not administer medications to students

11. Keep your assigned group of students with you throughout the field trip. Never allow individuals to leave the group, except in emergencies and then only with the teacher's permission
12. While you have the authority to enforce the rules and appropriate behavior, the responsibilities for assigning consequences or using physical restraint rest with the school staff. Report any major and/or continued infractions to the teacher as soon as possible.
13. For the protection of both students and chaperones, do not place yourself in situations in which you are alone with a student.
14. Do not purchase items or provide opportunities that are not offered to all students in the class or preapproved by the teacher.
15. All drivers must drive directly to and from the site of the field trip. Unless it is an emergency, you may not stop for personal errands, purchasing of food, etc.
16. To ensure that you are able to devote your full attention to the important responsibilities of chaperoning, restrict cell phone use to emergencies only.
17. Sensitive information you may learn about a student's abilities, relationships, or background must be kept confidential.
18. Please be aware that some students have photo restrictions; this means their parents have formally requested they not be photographed at school or school activities. If you take photos, verify that students you photograph do not have photo restrictions; teachers have this information.
19. Do not post photos of students on your personal social media.
20. Whenever you are unsure of anything, please speak with the teacher in charge.

I agree to follow the guidelines as listed above.

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Driver/Chaperone Signature

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Date



# King of Kings Lutheran School Handbook Agreement Form ~ 2020-2021

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I have read through the 2020-2021 King of Kings Lutheran School Handbook and agree to follow all of the standards and policies that are listed in it. These policies include, but are not limited to the following:

- School Mission & Objectives
- Bible Information Class
- Student Dress Code
- School Attendance and Tardiness
- Homework Policy
- Parent Participation Hours
- Payment of Tuition and Fees

Parent/Guardian Name (please print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



# King of Kings Lutheran School Health Form ~ 2020-2021

Name of Student \_\_\_\_\_

Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

***Please indicate any health conditions of which we should be aware:***

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Asthma               | <input type="checkbox"/> Arthritis               | <input type="checkbox"/> Diabetes              |
| <input type="checkbox"/> Food Allergies       | <input type="checkbox"/> Hearing Impairment      | <input type="checkbox"/> Heart Issues          |
| <input type="checkbox"/> Insect Sting Allergy | <input type="checkbox"/> Internal Irregularities | <input type="checkbox"/> Kidney/Bladder        |
| <input type="checkbox"/> Other Allergies      | <input type="checkbox"/> Nose Bleeds             | <input type="checkbox"/> Physical Difficulties |
| <input type="checkbox"/> Prescription Glasses | <input type="checkbox"/> Stomach Issues          | <input type="checkbox"/> Seizures              |
| <input type="checkbox"/> Vision Impairment    | <input type="checkbox"/> Other                   | <input type="checkbox"/> None                  |

***Please provide any extra information or details regarding each of the conditions you marked above:***

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Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_





# King of Kings Lutheran School Medical Treatment Release Form ~ 2020-2021

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Name of Student \_\_\_\_\_

Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

If emergency medical treatment is required, and a parent or legal guardian cannot be reached immediately, your signature in the space below empowers the school authorities to exercise their own judgment in treating your child, and/or calling the family physician you have listed below, and/or calling paramedics, and/or transporting your child to a hospital emergency room. Likewise, your signature below is not sufficient for the release of confidential information protected by federal law.

Name of Family Physician \_\_\_\_\_

Office Phone # \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



# King of Kings Lutheran School Permission to Leave Campus Form ~ 2020-2021

Name of Student \_\_\_\_\_

Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

***My child has permission to leave the school campus with the following people:***

1. Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Phone # \_\_\_\_\_

2. Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Phone # \_\_\_\_\_

3. Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Phone # \_\_\_\_\_

***My child does not have permission to leave the school campus with the following people:***

1. Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Phone # \_\_\_\_\_

2. Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Phone # \_\_\_\_\_

3. Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Phone # \_\_\_\_\_

***My child has permission to walk/bike home after school:***

Only with prior notice given to the school office on that particular day \_\_\_\_\_

Every day without prior notice given to school office \_\_\_\_\_

***My child has permission to ride to and from school athletic events with the team:***

Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



# King of Kings Lutheran School

## Photo & Video Release Form ~ 2020-2021

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Throughout the school year, there may be times when King of Kings Lutheran Church and School will take photographs or make video/audio recordings of the students involved in school activities. These photographs and recordings may be used by the staff of King of Kings in print and/or online publications or advertising materials regarding our ministry.

\_\_\_\_ I DO grant King of Kings Lutheran permission to use my child(ren)'s photograph and/or videotaped image in publications, video productions, and/or the school website.

Student's full name \_\_\_\_\_ Grade \_\_\_\_\_

Student's full name \_\_\_\_\_ Grade \_\_\_\_\_

Student's full name \_\_\_\_\_ Grade \_\_\_\_\_

Student's full name \_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_ I DO NOT grant King of Kings Lutheran permission to use my child(ren)'s photograph and/or videotaped image in publications, video productions, and/or the school website.

Parent/Guardian Name (please print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



# King of Kings Lutheran School

## School Directory Form ~ 2020-2021

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The following information you provide will be entered into our school directory. Only the parents and guardians of students will receive this directory. **Please print neatly.**

Father's First & Last Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mother's First & Last Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student's Full Name \_\_\_\_\_ Grade \_\_\_\_\_

Student's Full Name \_\_\_\_\_ Grade \_\_\_\_\_

Student's Full Name \_\_\_\_\_ Grade \_\_\_\_\_

Student's Full Name \_\_\_\_\_ Grade \_\_\_\_\_

Please indicate your desire to be included in the King of Kings Student Directory:

\_\_\_\_ Yes, please include all of the above information.

\_\_\_\_ Yes, please include all of the above information ***except for the following:***

\_\_\_\_ Cell Phone      \_\_\_\_ Email      \_\_\_\_ Address

\_\_\_\_ No, please do not include any of the above information.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_