



Cross & Crown Lutheran School ELEMENTARY APPLICATION PACKET 2019/2020

Jr. Kindergarten Kindergarten 1st Gr. 2nd Gr. 3rd Gr. 4th Gr. 5th Gr. 6th Gr. PSP

Student's Full Name _____ Birth Date _____

Home Address _____ Home Phone _____

Student lives with Father Mother Both Other _____

Names and ages of siblings _____

Mother/Guardian's Name _____ Occupation _____ Cell Phone _____

Mother/Guardian Employed at _____ Work/Daytime Phone _____

Email Address _____

Father/Guardian's Name _____ Occupation _____ Cell Phone _____

Father/Guardian Employed at _____ Work/Daytime Phone _____

Email Address _____

Student's ethnic background (Please complete for statistical purposes only.)

Caucasian Hispanic African American Asian Native American Middle Eastern Other _____

Language spoken at home other than English _____

Family's religion preference _____ Student's date of baptism _____

We are members of _____ Church Do you attend regularly? Yes No

We plan to keep our child at Cross & Crown Lutheran School through:

Kindergarten Yes Elementary (1st – 6th) Yes

Required Information:

- **1st Grade:** All 1st grade students **must include** a signed and completed **Health Examination Report** form.
- **NEW STUDENTS (Jr. Kindergarten, Kindergarten – 6th grade):** Must include a copy of current immunizations and birth certificate.
- **RETURNING STUDENTS:** Include a copy of updated immunizations.

Before or After School Care for Elementary Students:

This student will regularly attend before or after school care for elementary students. We will read and follow the program policies in the handbook.

**IDENTIFICATION AND EMERGENCY INFORMATION
CHILD CARE CENTERS/FAMILY CHILD CARE HOMES**

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE ()	
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP	BIRTHDATE
FATHER'S/GUARDIAN'S/DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()		
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP	HOME TELEPHONE ()
MOTHER'S/GUARDIAN'S/DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()		
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP	HOME TELEPHONE ()
PERSON RESPONSIBLE FOR CHILD	LAST NAME	MIDDLE	FIRST	HOME TELEPHONE ()	BUSINESS TELEPHONE ()	

To Be Completed by Parent, Domestic Partner or Authorized Representative

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

- CALL EMERGENCY HOSPITAL OTHER EXPLAIN: _____

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT OR AUTHORIZED REPRESENTATIVE	DATE
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TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

DATE OF ADMISSION	DATE LEFT
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**CROSS & CROWN LUTHERAN SCHOOL
PERMISSION TO RECEIVE EMERGENCY MEDICAL CARE AND PERMISSION TO PARTICIPATE**

Child's Name: _____

Parents/guardian: (Print) _____

Address: _____

Telephone: Home _____ Work _____ Cell _____

I hereby grant permission for the staff members to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to, the following:

- Attempt to contact a parent or guardian or persons listed on the Emergency Information Form.
- Attempt to contact the child's physician as listed on the Emergency Information Form.
- Call another physician.
- Take the child to a physician's office, urgent care center or hospital.
- Call an ambulance to have the child taken to an emergency medical facility accompanied by a staff member.

I hereby give consent to Cross & Crown Lutheran School to provide all emergency dental or medical care prescribed by a duly licensed physician (M.D.) or dentist (D.D.S.) for the child named above. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent. I agree to accept financial responsibility for any expenses incurred in such treatment.

- Does this child have a permanent medical condition/allergies? Yes _____ No _____
Condition _____
- Is this child currently taking a long term prescribed medication? Yes _____ No _____
Medication _____ Dosage _____
- This child has the following **life threatening** allergies: _____
- The school office will be supplied with any necessary medication.

The School will not be responsible for anything that may happen as a result of incorrect information given by the parent on this form.

I hereby grant permission for the above named child to:

- Use all of the play equipment and participate in all of the activities of the School. Yes _____ No _____
- Leave the School premises under the supervision of a staff member for neighborhood walks. Yes _____ No _____
- Attend field trips in an authorized vehicle when advance notice has been given. Yes _____ No _____
- Be included in evaluations. Yes _____ No _____
- Have his/her picture used in connection with the school program. Yes _____ No _____
- Include his/her address in a class list/school directory. Yes _____ No _____
- Include his/her telephone number in a class list/school directory. Yes _____ No _____

The School will not assume responsibility for a child who has not been registered for the current school year.

Signatures: A signature from at least one parent is required on all requested forms.

Signed by mother or legal guardian

Date

Signed by father or legal guardian

Date

**Cross & Crown Lutheran School
Elementary Discipline Plan**

At Cross and Crown Lutheran School, we strive to create a sense of community. We encourage our students to be responsible and respectful to our staff, students, and our physical environment.

When students continue to demonstrate on going patterns of unacceptable behavior they are placed on the discipline plan. Each additional infraction will result in the student being placed on the next step. At each step a behavior notice will be signed, returned to the teacher, and placed in the student's file.

Step One: The student, teacher, support staff, and administrator will meet. The teacher will contact the parent.

Step Two: If unacceptable patterns of behavior continue, parents will be contacted to meet with school staff. Students on Step Two will be unable to participate in class field trips.

Step Three: If unacceptable patterns of behavior continue, **or in serious offenses**, the parents will be contacted and the student will be suspended for the remainder of the day and the next school day. The parents, teacher and administrator will meet to discuss the issue. Student will be unable to participate in class field trips.

Step Four: If unacceptable behavior patterns continue, the student will be suspended for 3 full days. Student may not return to school until parents have met with the school administrator and staff. Student will be denied participation in all school activities.

Step Five: In situations where behavior patterns remain unchanged, **or extremely serious offenses**, the student will be suspended pending an expulsion hearing before the school board.

- * Thirty days of infraction-free behavior, as judged by the Administrator, will result in a reduction of the disciplinary level by one step.

Example: Should a student continue to bully another after repeated intervention by a staff person, that student will be placed on Step One of the discipline plan. The student will remain at Step One for 30 days as long as no other infraction is made. Should a student continue to bully or exhibit other unacceptable behavior, that student will move to Step Two remaining there for 30 days infraction-free, and so forth. It is possible for a student to skip Steps, being immediately placed on Step 3 or Step 5 for serious or extremely serious offenses.

Actions that could cause immediate suspension and immediate placement on Step Three:

1. Extreme physical or verbal attack, including gestures towards staff or another student
2. Racial, ethnic, or sexual slurs against another student or teacher
3. Possession of tobacco, matches, or lighters
4. Sexual harassment
5. Stealing
6. Cheating or plagiarism
7. Bullying or threats
8. Student leaving school premises without permission during school hours
9. Defacing or destruction of school property
10. Direct and deliberate defiance of school staff
11. Any serious offense obviously inappropriate for Cross & Crown
12. Extreme inappropriate physical contact of an amorous nature

Reasons for immediate suspension and placement on Step Five:

1. Possession of guns, knives, ammunition, fireworks, alcohol, or narcotics at school
2. Deliberately causing physical injury
3. Robbery or extortion
4. Any extremely serious offense obviously inappropriate for Cross & Crown

It is our vision that your child will develop the faith, courage, confidence and skills to thrive in our confusing and complex world, and that most discipline problems be resolved within the classroom.

TUITION WILL NOT BE REFUNDED FOR SUSPENSIONS.

We accept that the above represents only a range of behaviors and consequences and serves as a guide in handling discipline. School rules apply at, going to, and leaving school, school dances, sports events, field trips, school productions, etc. Cross & Crown reserves the right to handle each situation on a case-by-case basis.

We have read the School Discipline Policies and have discussed them. We agree to support positive school behavior. We understand that consequences, suspensions, and expulsions are non-negotiable.

Student Signature _____

Parent/Guardian Signature _____

CROSS AND CROWN LUTHERAN SCHOOL

5475 Snyder Lane
Rohnert Park, California 94928
(707) 795-7863

Minor Photo/Image Release Form

The Evangelical Lutheran Church in America – (ELEA)

_____ **I DO** give the ELCA and Cross and Crown Lutheran School permission to publish in print, electronic or video format, including web use, a picture/video, the likeness or image of myself and/or my child. I release all claims against the ELCA or Cross and Crown Lutheran School with respect to copyright ownership and publication including any claim for compensation related to use of the materials.

This release shall be effective from August 1, 2019, to July 31, 2020, or until revoked. All pictures, videos, likenesses, or images taken or created while this release is in effect shall remain released in the event this release is later revoked.

_____ **I DO NOT** give the ELCA and Cross and Crown Lutheran School permission to publish in print, electronic or video format, including web use, a picture/video, the likeness or image of myself and/or my child.

Minor's Name

Date

Print Name of Parent or Guardian

Signature of Parent or Guardian

General guidelines:

- * A release is to be obtained when photographing or videotaping a minor (under 18). Parent or guardian signatures are required; signatures of minors are not sufficient.
- * When images are published, the ELCA or Cross and Crown Lutheran School will take cautionary steps to provide no names of minors (under 18), minimum identifying information and will not use specific street or mailing addresses, e-mail addresses, or phone numbers.
- * Signed release forms are needed when the subjects are in public places, such as fairgrounds or parks.
- * Photographs or videotaping in ELCA schools or ECE centers must be done only with ELCA school or ECE center permission and with signed release forms from a parent or guardian of each child.
- * Release forms should be included in ELCA school or ECE center registration materials. It is the responsibility of the photographer or videographer to obtain signed release forms and maintain records.
- * When used in ELCA publications or videos the school or ECE center will be contacted to provide a signed release form.

PHYSICIAN'S REPORT FOR SCHOOL USE

Date _____

Pupil's Name _____
Last First Grade Birth date

School _____ School Address _____

PARENT'S AUTHORIZATION: I hereby give my consent to the school named above to receive from or send to Dr. _____ a professional interpretation of what the results of my child's health screening and examination mean.

Signature of Parent _____ Present Address _____

REASON FOR REFFERRAL: Enrollment Other (Specify): _____

TESTS AND EVALUATIONS	RESULTS	DATE
Health, Development & Nutrition History & Physical Examination		
Visual Screening		
Audiometric Screening		
TB Test		
Blood H G B or H C T		
Urine		

IMMUNIZATION RECORD					
VACCINE	Date each DOSE was given				
	1	2	3	4	5
Polio					
DTP/TD					
Measles					
Rubella					
Mumps					
Hepatitis B					
Varicella					

MEDICAL EVALUATION

ATTENTION PARENTS: If you do not want the following questions answered by the physician and sent to our child's school, please check no. NO

	COMMENTS OR RECOMMENDATIONS
1. Is there any physical defect or condition (orthopedic, cardiac, etc.) which limits participating in: (a) classroom activities (b) physical education (c) competitive athletics (indicate sports)	If yes, what do you recommend?
2. Is the child subject to any condition which may result in a classroom emergency e.g., epilepsy, fainting spells, diabetes, allergic reactions (bee stings, etc.), heart condition?	If yes, what do you recommend?
3. Is there any emotional, mental or physical condition for which the child should be under periodic medical observation?	If yes, what do you recommend?
4. Is there any eye condition or effect in vision which requires special consideration? Glasses required? _____ To be worn full time? _____	If yes, what do you recommend?
5. Is there any ear condition or defect in hearing which requires special consideration? Are there ways in which the school could compensate by proper seating or other action?	If yes, what do you recommend?
6. Are there any indications that this child will have difficulty in adjusting to the school experience?	If yes, what do you recommend?
7. Other comments or recommendations: _____	
8. Is this pupil under your regular care? Yes _____ No _____ How long? _____ Date of last examination _____ Comments: _____ Examining Physician: _____ Address _____	

GUIDE TO IMMUNIZATIONS REQUIRED FOR SCHOOL ENTRY

GRADES TK/K-12



Requirements by Age and Grade Before Entering:

Vaccine	4-6 Years Old Elementary School at Transitional-Kindergarten/ Kindergarten and Above	7-17 Years Old Elementary or Secondary School	7th Grade*
Polio (OPV or IPV)	4 doses (3 doses OK if one was given on or after 4th birthday)	4 doses (3 doses OK if one was given on or after 2nd birthday)	
Diphtheria, Tetanus, and Pertussis	5 doses of DTaP, DTP, or DT (4 doses OK if one was given on or after 4th birthday)	4 doses of DTaP, DTP, DT, Tdap, or Td (3 doses OK if last dose was given on or after 2nd birthday. At least one dose must be Tdap or DTaP/DTP given on or after 7th birthday for all 7th-12th graders.)	1 dose of Tdap (Or DTP/DTaP given on or after the 7th birthday.)
Measles, Mumps, and Rubella (MMR or MMR-V)	2 doses (Both given on or after 1st birthday. Only one dose of mumps and rubella vaccines are required if given separately.)	1 dose (Dose given on or after 1st birthday. Mumps vaccine is not required if given separately.)	2 doses of MMR or any measles-containing vaccine (Both doses given on or after 1st birthday.)
Hepatitis B (Hep B or HBV)	3 doses		
Varicella (chickenpox, VAR, MMR-V, or VZV)	1 dose	1 dose for ages 7-12 years. 2 doses for ages 13-17 years.	

*New admissions to 7th grade should also meet the requirements for ages 7-17 years.

INSTRUCTIONS:

California schools are required to check immunization records for all new student admissions at TK/Kindergarten **through** 12th grade and all students advancing to 7th grade before entry.

1. Notify parents of required immunizations and collect immunization records.
2. Copy the date of each vaccine from the child's immunization record to the California School Immunization Record (Blue Card, CDPH-286) and/or supplemental Tdap sticker [PM 286 S (01/11)] or enter into an approved electronic system that prints a Blue Card.
3. Compare number of doses on the Blue Card to the requirements above.
4. Determine whether child can be admitted.

Continued on next page.



**Cross and Crown Lutheran School
Parental Agreement – Elementary School and PSP**

ALL parents please read items 1-12 and sign below. Private Satellite Program (PSP) families please also read and sign items 13-20.

With this Agreement between Cross & Crown Lutheran School and

Name of parent(s)/or guardian(s), (please print)

we hereby enroll our child _____, for the 2019/2020 school year with unreserved commitment to the following:

1. We have carefully examined and agree with the Christian mission, vision, and philosophy statements of this school, and desire the faculty and the staff to work with us in the total education of our child--in his/her spiritual, academic, physical and social development.
2. We have carefully read the CCLS Parent Handbook and agree to comply with all CCLS policies and handbook guidelines.
3. We agree to support decisions made by the CCLS School Board and administration.
4. We agree to abide by California State laws regarding student immunizations.
5. We pledge our loyalty to the aims and ideals of the School and will bring any and all questions and criticisms directly to the classroom teacher. If mutual understanding cannot be reached, we will ask for a joint meeting with the teacher and the Administrator. If we are still unable to reach mutual understanding, our concerns may be brought to the CCLS Board.
6. We understand and accept the CCLS discipline plan. We will support the school staff in making students accountable for their actions.
7. We acknowledge that we will be fully informed regarding all aspects of our child's developmental progress; and, where needed, we will take responsibility in seeking appropriate remedial action.
8. We agree to make every effort to establish and maintain a collaborative and mutually supportive relationship with the School; and, if this relationship is not maintained, our child may be dismissed.
9. The school reserves the right to dismiss students who fail to fulfill academic requirements, violate school rules, endanger others, or exhibit behaviors that are deemed by CCLS staff to be inappropriate to our school environment.
10. The school has the right to dismiss a student if their needs exceed what the school can provide.
11. Failure to disclose information regarding our student's history of educational and/or behavioral problems may result in our child being dismissed from school.
12. As parents or guardians we will make every effort to model Christian conduct towards students and staff.

Cross & Crown Lutheran School agrees to work closely to guide, assist, support, and complement parents in resolving school-related problems.

We have read the student handbook and this Agreement carefully.

We hereby agree to abide by Cross & Crown Lutheran School policies.

(A signature from at least one parent is required on all requested forms.)

Signature of mother or guardian Date

Signature of father or guardian Date

**Cross and Crown Lutheran School
Parental Agreement – Private Satellite Program (PSP) families only**

13. I/We understand that due to the obscure political and legal position of private home education, CCLS PSP cannot offer any legal immunity.

14. I/We understand that CCLS PSP is a branch of Cross and Crown Lutheran School (CCLS), and that CCLS is not obligated to serve CCLS PSP families in the same capacity as the "Day School".

15. I/We understand that the Administrator of CCLS is also the Director of CCLS PSP and I/we will direct any and all school related questions to the Administrator as our primary point of contact.

16. I/We understand that CCLS PSP is part of CCLS, designed to meet the basic needs of support and accountability for homeschooling family members, and that the CCLS PSP is not responsible for their actual education.

17. I/We understand that I/we must be a member of the *Home School Legal Defense Association* (HSLDA) at my/our own expense. Final enrollment in the CCLS PSP is contingent upon acceptance by HSLDA.

18. I/We agree to abide by California State Law by submitting a copy of my/our child(ren)'s Immunization Record (provided by my/our pediatrician) or a signed Waiver for all students enrolled in the CCLS PSP.

19. I/We realize that although CCLS PSP will be holding my/our cumulative records, I/we are responsible for maintaining a duplicate cumulative file for my/our home records.

20. I/We understand that due to the legalities of filing a Private School Affidavit, CCLS PSP will not accept students that are dual enrolled/affiliated with any accredited/non-accredited private/public/charter school, ISP or organization that may or may not file a public/private school affidavit.

We have read the student handbook and this Agreement carefully.

We hereby agree to abide by Cross & Crown Lutheran School policies.

(A signature from at least one parent is required on all requested forms.)

Signature of mother or guardian

Date

Signature of father or guardian

Date