



Enrollment for School Year 2020-2021

Welcome to Child of God Lutheran School!

Child of God Lutheran School admits students of any race, color, national and ethnic origin to all rights, privileges, programs, activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, financial aid, athletics, and other school administered programs.

The following principles govern enrollment:

- Child of God Lutheran School is a ministry Child of God Lutheran Church and as such is committed to the church's mission—to reach out to people and bring them into a living relationship with Jesus Christ by proclaiming the Word of God, administering the Sacraments of Holy Baptism and Holy Communion, providing Christian education, and by sponsoring other activities which further the Word of God throughout the world (Matthew 28:18-20).
- Parents should be motivated primarily by the religious instruction as taught at the school, and parent and child must be in agreement and committed to the mission of the school as outlined in the Parent/Student Handbook.
- Parents and students shall give assurance that they will cooperate with the school in matters of program and policy as they are outlined in the school handbooks.

Admission Policies:

- Admission to Child of God will occur after touring with the school administrator, submitting an application, and upon receipt of official copies of current report cards, standardized test scores, and IEP and/or other educational testing reports.
- Admission to Child of God Lutheran School is dependent to Child of God having the appropriate academic program/educational plan that fits the student. Child of God may or may not be equipped to meet the educational needs of students with specialized services. Students with IEP's require an individualized review, meeting and approval for admission from the resource consultant and school administrator.
- Child of God admits all new students on a six week probationary period in order to ensure that Child of God is able to best meet the educational, social, and physical needs of the child.
- A child whose presence is considered detrimental to the learning environment or to other students may not be allowed to enroll or remain enrolled.
- Child of God requires that up-to-date immunizations and other state mandated physical information be provided before the start of the school year.
- Required forms and fees paid (including, but not limited to application for enrollment, immunization record, birth certificate, previous school documents, etc.) must be submitted **before** a child may begin.

Payment Information:

- ❖ Non-Refundable/Non-Transferable Instructional Fee/Child Due **NOW** \$300 EC, \$325 K-8
- ❖ Payment Methods - cash, check (Payable to COG), echeck, CC—processing fees apply.

Child of God Lutheran Church and School
650 Salt Lick Road
St. Peters, MO 63376
636-970-7080
www.childofgodlutheran.org



WE ARE CHILD OF GOD!

Child of God Lutheran School

Parent/Guardian 1 Name: _____ Relation to Student: _____

Address: _____

Personal Phone: _____ Work Phone: _____ Email: _____

Parent/Guardian 2 Name: _____ Relation to Student: _____

Address: _____

Personal Phone: _____ Work Phone: _____ Email: _____

How did you hear about Child of God? _____

Person Financially Responsible: _____ SSN: _____

Address: _____

Personal Phone: _____ Work Phone: _____ Email: _____

Employer: _____ Phone: _____

When would you like your tuition due (circle one): 1st of month 15th of month

If you would like to have your tuition automatically withdrawn, please ask the office for an authorization form. If using an ACH account, a voided check must be provided.

Each year the amount of financial aid that families qualify for greatly surpasses the actual amount granted for assistance due to limited funds. This donation will allow us to provide additional assistance to families who desire a Christ-centered learning environment for their child/ren.

Would you like to donate a specific amount/month to help Tuition Assistance: \$_____/month

Would you like to round to the nearest \$1/month (if tuition is an uneven number) to help Tuition Assistance?

- Yes
- No

Donations may be changed at any time by contacting the Business Office.

Economic Deprivation Survey for Federal Program Participation:

This form may be used to collect information that can be used to determine the amount of federal program services available to this school. It will be kept strictly confidential.

Section 1:

Indicate which method determines household or individual eligibility (foster children cannot extend eligibility to household members). Otherwise, indicate that the household is not eligible.

Household Eligibility:

- Household is eligible based on receiving food stamps.
- Household is eligible based on income (see chart below).
- Household is not eligible.

Individual Eligibility:

- Student is eligible as they are a foster child in the household (see instructions).

Section 2

Student Information:

List the number of eligible children that attend this nonpublic school and the grade level of each eligible child. This section must be completed for ALL students that meet the eligibility criteria.

Number of students in the household who attend/will attend COGLS: _____

Please list the grade level for each of those students: _____

MAXIMUM INCOME TO BE ELIGIBLE - JULY 1, 2020 TO JUNE 30, 2021

Use the following chart to determine if the household is eligible based on income. If the total amount of income of all household members (before taxes or anything else is taken out) exceeds the amount on this chart for your household size, the household is not eligible.

Household Size	Maximum Household Income Eligible for Free Meals			Maximum Household Income Eligible for Reduced Price Meals		
	Annually	Monthly	Weekly	Annually	Monthly	Weekly
1	\$16,588	\$1,383	\$319	\$23,606	\$1,968	\$454
2	\$22,412	\$1,868	\$431	\$31,894	\$2,658	\$614
3	\$28,236	\$2,353	\$543	\$40,182	\$3,349	\$773
4	\$34,060	\$2,839	\$655	\$48,470	\$4,040	\$933
5	\$39,884	\$3,324	\$767	\$56,758	\$4,730	\$1,092
6	\$45,708	\$3,809	\$879	\$65,046	\$5,421	\$1,251
7	\$51,532	\$4,295	\$991	\$73,334	\$6,112	\$1,411
8	\$57,356	\$4,780	\$1,103	\$81,622	\$6,802	\$1,570
Each add'l member	+\$5,824	+\$486	+\$112	+\$8,288	+\$691	+\$160

I understand that this information is being given for receipt of Federal Funds and will be kept confidential at the school.

Signature: _____

Date: _____

****Please complete one form PER STUDENT: DESIRED START DATE: _____**

Student Name: _____ DOB: _____ Enroll Grade: _____

Gender: Male Female

Ethnicity: Non Hispanic/Latino Hispanic/Latino

Race: American Indian/Alaska Native

Asian

Black/African American

Hawaiian/Pacific Islander

Multiracial

White/Caucasian

If enrolling for EC, select one: Half Days Full Days

Circle Desired Days: Monday Tuesday Wednesday Thursday Friday

Potty Trained (no diapers or pull ups): Yes No

Plans for Elementary: Attend COGLS Not attend COGLS Unsure at this time

Previous School Attended: _____

Residing Public School District: _____

Residing Public Elementary/Middle School: _____

**Has your student ever had an educational, neurological, or psychological evaluation: Yes No
If so, please submit a copy of test results and/or IEP to the school office.**

**Has your student ever been suspended/expelled: Yes No
If so, please explain, including date and length of suspension: _____**

Has your student been Baptized? Yes No Date: _____

Religious Affiliation: Lutheran Other--Please be specific: _____

Child's Church Membership: COG Holy Cross Chapel of Cross Other: _____

Child's Church Attendance: 2-4/month 12-25/year 5-11/year 1-4/year Never

Father's Church Membership: _____

Mother's Church Membership: _____

Would you like contract from our pastor regarding membership, question, etc: Yes No

Family Marital Status: Married Single Widowed Separated Divorced Remarried/Blended

Student Lives With: Both Parents Mother Father Grandparents Guardian/Foster

If divorced, do both parents have custody and/or visitation rights? Yes No

Effective date of Custody Agreement (if neither parent has custody rights, please provide court documentation regarding the denial of rights). Date: _____

Student Physician: _____ Phone: _____ Address: _____

Student Dentist: _____ Phone: _____ Address: _____

LIST ALLERGIES: _____

Please attach a copy of Emergency Action Plan

Insurance Company: _____ Plan: _____ Group: _____

Emergency Contact 1: _____ Relationship: _____

Phone: _____ Authorized Pickup Person: Yes No

Emergency Contact 2: _____ Relationship: _____

Phone: _____ Authorized Pickup Person: Yes No

Emergency Contact 3: _____ Relationship: _____

Phone: _____ Authorized Pickup Person: Yes No

For Office Use Only--

- Application Complete--including Agreements
- Beyond the Bell Agreement
- Previous School Records Received
- Instructional Fee Paid (Pmt Info: _____)
- Physical on File
- Birth Certificate on File
- Immunizations on File or Exemption--Exemption Type - Medical Religious
- Teacher Assignment: _____

Child of God Lutheran School Agreements

Family Directory Agreement - REQUIRED:

Child of God Lutheran School (COGLS) publishes an online Family Directory via Sycamore. This information is only made available to COGLS parents for the purpose of contacting other parents. You can select what information you want displayed in the Family Directory section during enrollment. I understand that by agreeing to this, I am responsible for what is published in the Family Directory section of Sycamore and that by signing, we are agreeing to the terms of the Family Directory Agreement.

Signatures: _____ / _____ Date: _____

School Handbooks Agreement - REQUIRED:

We have read, understand, and agree to abide by the policies and early childhood procedures stated in the Child of God Parent/Student Handbook (COGPSH) and all school handbooks/procedures. The information in these handbooks applies not only to the regular school day, but also to all school events, activities, field trips, athletics, etc., regardless of the day, time, or location.

We acknowledge and agree as follows:

We are in agreement with the Statement of Faith and the philosophy of education of COGLS. We will continue to be active in our local church, and fully support our child/ren being educated in accordance with this Christian perspective. We support the mission of COGLS to equip children to be lifetime followers of Christ as outlined in its Statement of Faith, mission, and vision. We agree that as Christians the Bible commands us to make every effort to live at peace and to resolve disputes with any other believer in private or within the Christian community in conformity with the Biblical injunctions of Corinthians 6:1-8, Matthew 5:23-24, and Matthew 18:15-20. Therefore, we, on our behalf and on behalf of our child/ren enrolled at COGLS, that in times of conflict, we will follow the guidelines laid out in the COGPSH, communicating directly with the parties involved, modeling open communication, and Christian lives for our child/ren. **By signing below, we are agreeing to the terms of the School Handbooks Agreement.**

Signatures: _____ / _____ Date: _____

Parent Agreement - REQUIRED:

We agree to support and cooperate with COGLS's program of Christian education and abide by its policies and rules, striving to be a supportive part of the Christian community of children, teachers, and families as we work together. Our child/ren will attend school regularly, faithfully complete all assignments, and will willingly abide by all policies and procedures as outlined in the COGPSH. We will encourage our child/ren to do their best and will cooperatively work with our child/ren's teachers in attaining academic and spiritual growth. We agree to partner with our child/ren's teacher using open communication and to attend parent-teacher conferences as scheduled by the school. We will cooperate and witness to our faith through active participation in the school choir whenever the children sing at COGLC. We will strive to attend our home church regularly. If we are not an active member of a Christian congregation, we will display openness to the teaching and preaching of God's Word and encourage our child/ren to do the same. We agree to pray for our child/ren, classmates, teachers, and school families regularly. Our child/ren's conduct will reflect Christian behavior in school, on the playground, in the lunchroom and when representing COGLS while on field trips, sporting activities, or other activities. We recognize the teacher's authority in dealing with any misconduct that occurs and will respect the teacher's decision.

Service Hours

We understand that the purpose of required service hours is to have every family serve at COGLS in some way. Families are encouraged to volunteer when they see or know an area where they can serve, even if there is no formal request. The service hour requirement is 20 hours/family/year for full-time and 10 hours/family/year for part-time (2 days or less). We understand that it is our responsibility to complete and submit for approval through Sycamore within 10 days of the service activity, as outlined in the COGPSH. We understand that any service hours not completed will result in a \$10/hour not served charge. Parents may opt out of the service hour requirements at the beginning of the school year by making a \$200 opt-out payment. Opt-out payments are non-refundable/non-transferrable. Service hours do not carry over into the next school year and are not transferable to other families.

Tuition Assistance and Financial Responsibility

Families requesting tuition assistance must apply online using Financial Aid Assessment Service-FACTS. Please see their website at <https://online.factsmt.com/qa/aid/inst/4FG82> for more information and deadlines. COGLS is a ministry to families but we are called upon to be wise managers of the blessings God has given us. It is important to have the financial matters of the school operated in an open, efficient, professional, and businesslike manner. Without this, COGLS would cease to exist and cease to be a blessing to anyone. It is important for each family to have an investment in this ministry--which their tuition payment supports. Tuition assistance is based on recommendations from FACTS. Additional consideration for tuition assistance will be given to families that are experiencing unique circumstances. Please contact the school administrator to schedule a time for sharing these circumstances. In the administration of providing tuition assistance, COGLS does not discriminate on the basis of race, color, national origin, age, or religion.

Terms & Conditions

We jointly and severally agree to pay tuition in accordance with the tuition and fee schedule and to pay any other charges legitimately assessed by COGLS. In order for a student to be admitted to class on the first day of school, all past due accounts for the prior school years must be paid in full. In addition, in order for a student to return to class after both Christmas and Spring breaks, all accounts must be current or an agreement to bring them current must be reached with the Business Office. We jointly and severally understand and agree to the conditions that a late fee of \$25 will be assessed on outstanding tuition balances on the 25th of every month. The student may be withheld from classes or dismissed if financial accounts are not in good standing at the end of each quarter. We shall remain liable for the full payment of said financial accounts which shall become immediately due and payable without notice. We agree to pay any collection costs, attorney fees, and costs of suit incurred by COGLS in any action brought to enforce the terms of the agreement, regardless of whether suit is actually commenced. We hereby waive trial by jury in any action, proceeding or counterclaim brought by either party against the other on any matter whatsoever arising out of or in any

way connected with this Parent Agreement and/or any of the services provided by COGLS, and/or any claim for injury or damage. We further agree that the venue for any litigation filed in relation thereto shall be filed and heard in the Circuit Court of St. Charles County, Missouri. If a family's account is delinquent, the school reserves the right to withhold the following until such time as the account is current—access to grades, participation on athletic teams, attendance at school-related events, including field trips, and enrollment to school. All checks or ACH transactions returned from the bank for any reason will be assessed a \$35 returned check fee. This is in addition to any charges that may be assessed by any bank. COGLS reserves the right to require that all future payments be made in the form of cashier's check, money order, or cash. Upon dismissal or withdrawal of the student for any reason, we agree that the current year tuition balance due shall be the total of the payments normally due through the end of the month in which the student withdraws, according to any payment option chosen. This amount plus other previous charges shall be immediately due and payable upon dismissal/withdrawal. Refund of tuition is not given for holidays, absences, or other school cancellations for any reason including natural disasters, pandemics and/ or acts of God. Beyond the Bell hours are until 6:00pm. Pickup past 6:00pm will be subject to a flat \$10 charge/child, plus \$1/minute/child thereafter. This fee is not prorated.

Admission Policies

The school administrator reserves the right at all times to dismiss the student, and the decision will be based on the discipline guidelines as set forth in the COGPSH, and or the educational, social, physical needs of the child and/or the educational needs of the class. All students new to COGLS are placed on a 9 week probation. During that time, teachers will evaluate the academic placement, behavior, and general skills and abilities of the child. Following the initial 9 week evaluation, if it becomes necessary, COGLS reserves the right to adjust the placement of the student, suggest diagnostic testing to determine if specialized learning services are needed and assess if the school can accommodate them, and/or dismiss the student due to student and/or parent behavior that substantially disrupts the educational process or operation of school or is contrary to COG's mission, values, and policies. **By signing below, we are agreeing to terms of the Parent Agreement.**

Signatures: _____ / _____ Date: _____

Emergency Contact Agreement - REQUIRED:

No one will be able to pick up your child/ren unless their name is listed under the contacts section of Sycamore and designated as an Authorized Pickup Person. Please communicate to your authorized pickup person that they will be asked to provide photo ID when picking up. By agreeing to this, we understand that we are responsible for providing the above information to COGLS. We understand it is our responsibility to keep this information updated and communicate any changes to the school office as soon as possible. **By signing below, we are agreeing to the terms of the Emergency Contact Agreement.**

Signatures: _____ / _____ Date: _____

Text, Email, and Phone Notifications Agreement - REQUIRED:

There are times when COGLS families need to be notified of school information. If at any time you want to opt out of text notifications, use the opt out code given with the text and call the school office to be removed from phone/email lists. If you choose to opt out, you run the risk of not being informed of important school information and it is your responsibility to contact the school office to have your accounts reactivated. **By signing below, we are agreeing to the terms of the Text, Email, and Phone Notification Agreement.**

Signatures: _____ / _____ Date: _____

Over the Counter Medication (OTCM) Agreement:

We have the following medication on hand to be dispensed per your permission—anti-itch cream, vaseline, dental wax, salt, cough drops, bactine wash, antibiotic ointment, adhesive bandages, tums, sting kill, hydrogen peroxide, and COGLS staff will provide basic treatment for minor illness and injury occurring at school. All other medication must be supplied by the parent/guardian and a separate form from the school office must be completed and returned. **By signing below, we are agreeing to allow OTCM to be given to our child/ren. Should you not want your child/ren to receive OTCM, please check the box below.**

Signatures: _____ / _____ Date: _____

OR

- We DO NOT want our child/ren to receive OTCM.

Photo/Social Media/Advertising Release Agreement:

Throughout the school year, pictures and videos are taken to be used for COGLS Facebook page, COGLS website, Shield Newsletter, Sycamore, classroom newsletters and blogs, videos to appear in school related programs to be used by local TV stations or photos for public printed publications. Your child/ren's first name may or may not accompany the photo but no last name or address will be included. This does not include pictures taken in the classroom to be used in gifts/projects for their family. **By signing below, we are granting permission for our child/ren's photo and print to be included in the above mentioned releases. Should you not want your child/ren included, please check the box below.**

Signatures: _____ / _____ Date: _____

OR

- We DO NOT want our child/ren to be included in any photo/social media/advertising photos or videos.

END OF AGREEMENTS

Student Name: _____ DOB: _____ Grade: _____ Date: _____

Child of God Lutheran School – Physical Exam Form

--This form is for ALL student ATHLETES, ALL NEW Students, and students in Kindergarten, 5th & 7th grade. This form is per rolling year. A yearly immunization record is required for EVERY student, with CURRENT immunizations upon registration.

TO BE COMPLETED BY A PHYSICIAN:

Date: _____ Allergies: _____

Height: _____ Weight: _____ H/R: _____ B/P: _____

Is student under medical care at this time (other than preventative care)? _____

Current Medication: _____

Medical Treatment needed at school: _____



Child of God
LUTHERAN CHURCH & SCHOOL

Check if normal. Explain if abnormal.

() Eyes _____

Special Seating Required? _____

Hearing (pass/fail): Right _____ Left _____

Hx of tubes or hearing device? _____

() Skin _____

() ENT _____

() Oral/Dental _____

() Chest/Lungs _____

() Heart _____

() Abdomen _____

() Hernia _____

() Lymph Nodes _____ () Genitalia _____

() Neurology _____

() Scoliosis _____

Physician Name: _____

Physician Address: _____

Physician Phone: _____ Physician Fax: _____

Physician Signature: _____

For Sports Participation:

() ROM _____

() Back _____

() Neck/Shoulders _____

() Upper Extremities _____

() Lower Extremities _____

Recommendations for Sports:

() Full Unlimited Participation

() No Participation

() Limited Participation _____

() Clearance Withheld Until _____

Parent's or Guardian's Permission For Interscholastic Sports Activities: I hereby give consent for the student to represent his/her school in interscholastic activities except those stated on the Physician Exam Form. I also give consent for him/her to accompany the team in its travels to practices, games, or related activities sponsored by the school and will not hold the school responsible in case of accident or injury. I also give consent and authorize the school to obtain, through a physician of its choice, such as medical care as it reasonably necessary for the welfare of the student, if she/he is injured in the course of school activities. I also give consent for the school nurse or administrator to contact child's physician concerning health issues.

Signature of Parent/Legal Guardian

Date

Rev. 7/1/20



Child of God
LUTHERAN CHURCH & SCHOOL

Child of God Lutheran School
650 Salt Lick Rd, St. Peters, MO 63376
Phone: 636.970.7080 Fax: 636.970.7083

Child Last Name (PRINT): _____

Medication Consent Form & Permission to Dispense

Student Name (PRINT): _____ Teacher: _____

These Medications Are Kept On Hand In The Nurses Station:

Anti-itch—Benadryl cream (or generic)

Oral/Dental—Vaseline (or generic) for chapped lips; dental wax

Wound Care – Bactine/Wound Care wash (or generic); triple antibiotic ointment; antibacterial & adhesive bandages

Miscellaneous – Tums (or generic); sting kill for insect bites/stings; hydrogen peroxide; sugar free cough drops

Child of God Lutheran School staff will provide basic treatment for minor illness and injury occurring at school. With parent/guardian consent COG staff may administer the above medications as deemed necessary.

Sign to give permission for the above items to be dispensed.

Date

All Other Medications Must Be Supplied By The Family And Kept In The Nurses Station:

Parents/Guardians may supply medication to be kept in the office for staff to administer to students as needed.

Over the Counter Medications must be in the original package showing instructions for use and expiration date.

Prescription Medications (Short term or Long term) that need to be taken at school must be sent in the original packaging with the prescription attached. There is an additional form to submit along with **Inhalers** and/or **EpiPens**.

Name of Medication: _____

Dose: _____ Frequency: _____

Name of Medication: _____

Dose: _____ Frequency: _____

Name of Medication: _____

Dose: _____ Frequency: _____

Name of Medication: _____

Dose: _____ Frequency: _____

I understand these medications must be supplied to Child of God from home and kept current.

Sign to give permission for the above medications to be dispensed.

Date

THIS FORM IS VALID FOR THE CURRENT SCHOOL YEAR ONLY School Year: _____

Medications must be picked up at the end of the school year and must be resubmitted at the start of each school year.

Rev. 7/1/20



Child of God
LUTHERAN CHURCH & SCHOOL

EXTENDED CARE REGISTRATION AGREEMENT

Name of Student _____ Current Grade _____

Name of Student _____ Current Grade _____

Name of Student _____ Current Grade _____

Name of Student _____ Current Grade _____

Person Responsible for Extended Care Payments _____

Allergies and Emergency Action Plan on file with Child of God? : Yes No

COST

One child = \$6/hour. Two children = \$5/hour per child. Three or more children - \$4/hour per child

If you are serving as a parent volunteer after school hours, you may use Extended Care at a special volunteer rate of \$2.50/hour per child if space is available. Please discuss with Extended Care Coordinator to make arrangements at least one day in advance.

STAFF

Our staff are employees of Child of God Lutheran Church & School. They are committed to providing quality care and to serving the needs of the children and families at Child of God Lutheran School.

Extended Care Coordinator: beyondthebell@coglcs.com

DAILY SCHEDULE

Schedule may vary depending on weather conditions and other activities.

Morning - Before School

6:30 – 8:00 am :: Organized games or free choice activity

Evening – After School

3:30 – 4:00 pm :: Check-in and Homework

4:00 – 4:15 pm :: Snack

4:15 – 6:00pm :: Outdoor time or free choice activity

TERMS & CONDITIONS	<u>Initials</u>
I understand that all policies and procedures outlined in the Parent-Student Handbook will apply to the Extended Care program. A copy of the Parent-Student Handbook is available on Sycamore.	
I understand that it is my responsibility to update all Emergency Contact Information, medical information, and authorized pick up information in Sycamore.	
I understand a minimum late fee of \$10 for time spent in Extended Care between 6:01 and 6:10 p.m. will be charged to my account per child. At 6:11 p.m., an additional \$1.00 per minute will be assessed per child. This is in addition to the regular cost.	
I understand that it is my responsibility to monitor my family's Extended Care account balance by logging into Sycamore to review my account on a regular basis.	
I understand that it is my responsibility to pay my family's Extended Care account balance regularly, either by making payments through Sycamore or by dropping off payments in the office/drop box.	

Signature of Parent/Guardian _____ Date ____/____/____

Child of God Lutheran Church and School



Child of God
Lutheran Church and School

Our Mission:

Child of God Lutheran School provides quality Christ-centered education for the community to make and equip disciples of Christ Jesus.

Child of God students are:

- ❖ Empowered by The Word
- ❖ Equipped to Live
- ❖ Expanding His Kingdom

650 Salt Lick Rd.
St. Peters, MO 63376

636-970-7080
fax-636-970-7083
www.childofgodlutheran.org

Dr. Melissa Sandfort
Principal



How great is the love the Father has lavished on us that we should be called children of God! And that is what we are!" 1 John 3:1a

Please join us!

Chapel Thursdays 8:30am
Bible Study Sundays 9am
Worship service Sunday 10am

Extended Care Cell Phone Use Agreement

The Extended Care Program at Child of God Lutheran School is extending the use of cell phones to students in grades 6-8 on a trial basis within limited parameters. The program will be evaluated for sustainability but may be terminated at any time during the school year.

I _____ give my child _____
(printed name of parent) (printed name of child)

permission to use his/her cell phone after 4:15pm during extended care. I will not hold Child of God responsible for any loss or damage that may occur to the cell phone while on school property.

I understand that my child must abide by the following rules to be allowed this privilege:

- He/she must sit at the designated table to be used by the middle school students and the cell phone cannot be shown to anyone who is not in middle school
- The cell phone must be on the table so that the extended care staff can see it at all times
- He/she has to abide by the COGLS code of conduct that is outlined in the student/parent handbook
- any extended care staff, teacher, or office staff may look at his/her phone at any time to see if what he/she is doing is appropriate
- He/she must provide headphones so no one else can hear the sound from the phone
- The/she will not be allowed to use the school WIFI in extended care.

If my child does not abide by these set guidelines, he/she will no longer have the privilege of using a cell phone in extended care **for the remainder of the school year.**

I have read the above permission slip and will abide by these guidelines.

Parent's Signature
School Year _____

Student's Signature



Child of God Lutheran Church and School

650 Salt Lick Road
St. Peters, MO 63376
636-970-7080
www.childofgodlutheran.org

Authorization for Release of Records

To: (Former School) _____ Fax: _____

Address: _____ From: Office Administrator at Child of God

Name of Student: _____ DOB: _____ Grade: _____

Name of Student: _____ DOB: _____ Grade: _____

Name of Student: _____ DOB: _____ Grade: _____

Name of Student: _____ DOB: _____ Grade: _____

Name of Student: _____ DOB: _____ Grade: _____

I give permission for records for the above child(ren) to be released to Child of God Lutheran School.

Parent/Guardian Signature: _____ Date: _____

This is a request for the specific information checked below:

- Disciplinary Records
- Individual Educational Program (IEP) and Evaluation
- Special Education Progress Reports (include EDP and complete diagnosis)
- Attendance Records
- Achievement Test Scores
- Assessment Test Scores
- Screening Test Scores
- Official School Transcript/Records
- Physician's Medical Report
- Health Records and Immunizations
- Legal Documents Pertaining to Guardianship and/or Parental Rights
- Other Specific Information _____

Please email (schooloffice@coflcs.com), fax (636-970-7083), or mail (650 Salt Lick Rd., St. Peters, Mo 63376) requested records at your earliest convenience.

The student named above is inquiring or in the process of enrolling. The Family Educational Rights and Privacy Acts (Buckley Amendment) dated June 17, 1976, states that the signature of a parent or guardian is not required for school records to be sent to another educational facility. However when a parent or guardian is available, we do require his/her signature.



CONFIDENTIAL Child of God Lutheran School

650 Salt Lick Rd St. Peters, MO 63376 Phone: 636.970.7080 Fax: 636.970.7083

Background Check Authorization

School volunteers are a key part of a successful school and Child of God strongly encourage parental involvement. To ensure our student safety, all parents/guardian/volunteers who wish to assist in the classroom, Library, office, coach, advise a student group, chaperone or drive students on field trips are required to partake in a background check. Specifically, Child of God requests authorization to examine criminal, sexual offender and driving records. Parents are responsible for a portion of the Background Authorization fee (\$18 per volunteer/driver) to be attached to this form. This form is valid for one year from the date it is processed.

Print name: _____
(First) (Middle) (Last)

Maiden name or Former Name(s) _____

Social Security Number: _____ D.O.B. _____

Telephone Number: _____

Driver's License Number: _____ Driver's License State: _____

Email: _____

Current Address _____
(Street) (City) (State/Zip)

The information contained in this application is correct to the best of my knowledge. I hereby authorize Child of God Lutheran Church and School and its designated agents and representatives to conduct a comprehensive review of my background causing report and/or an investigate consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to the following areas; verification any social security number; credit reports, current and previous residences; employment history, education background character reference; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdiction; driving records, birth records, and any other public records.

I further authorize any individual company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to Child of God Lutheran Church and School or its agents. I further authorize the complete release of any records or data pertaining to me who the individual, company, firm, cooperation or public agency may have, to include information or data received from other sources.

**Child of God Lutheran Church and School and its designated agents an representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security number, and dates of birth.

Signature : _____ Date: _____

Student Name (s) _____ Grade: _____

Office use only:

Date Background Check Run: _____ By: _____

Fee paid: Cash \$ _____ Check No. _____ Amt. _____ Bill account: _____

Child of God Lutheran Church & School

650 Salt Lick Road
St. Peters, Missouri 63376
636-970-7080

Auto-Payments Plan Authorization Form

Tuition payments are made each month from July to May by automatic deduction from a designated bank account, or charged to your Visa or MasterCard. [NOTE: A 3.5% convenience fee will apply to each credit card transaction—checking/savings account transactions are free.] Just complete and sign this form to get started!

Automatic Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

Here's How Automatic Payments Work:

You authorize a regularly scheduled deduction from your checking/savings account or a charge to your credit card. No prior notification will be provided unless the date or amount changes.

Please complete the information below:

I _____ authorize Child of God Lutheran Church & School to charge my
(full name)

bank account or credit card indicated below on the 1st 15th of each month for payment of

tuition. Final payment will be deducted in _____
Month Year

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Checking/ Savings Account

Checking Savings
Name on Acct _____
Bank Name _____
Account Number _____
Bank Routing # _____

Attach voided check or deposit slip.

Routing Number Account Number
222222222 000 111 555 1027

Credit Card

Visa MasterCard
Cardholder Name _____
Account Number _____
Exp. Date _____
CSC Number _____

SIGNATURE _____

DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Child of God Lutheran Church and School in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that an additional \$35.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.