

## NEW ENROLLMENT – ST. PAUL LUTHERAN SCHOOL

### STUDENT INFORMATION

Child's Full Name:

Date of birth:

Phone:

Age:

Current address:

City:

State:

ZIP Code:

School last attended:

Grade last attended:

Entering Grade:

Has the child been baptized?

If so, Where?

Referred by:

Relation to the referrer:

Schools previously attended:

Grade:

Schools previously attended:

Grade:

Schools previously attended:

Grade:

Does the child have any emotional or disciplinary issues? (please explain)

Does the child have any physical disabilities? (please explain)

Was the child expelled or removed from enrollment (by the school or the family) at their previous school? (if yes, please give details)

### FAMILY INFORMATION (PARENTS OR GUARDIANS WITH WHOM THE CHILD LIVES)

Primary Caregiver Name:

Phone:

Occupation:

Marital Status:

Relationship to child:  mother  father  grandma  grandpa  aunt  uncle  other

Secondary Caregiver Name:

Phone:

Occupation:

Marital Status:

Relationship to child:  mother  father  grandma  grandpa  aunt  uncle  other

### SIGNATURES

Primary Caregiver:

Date:

Secondary Caregiver:

Date:

E-mail address:

FINANCIAL AID is available to families sincerely desiring Christian education for their children and able to demonstrate financial need. Requests for such aid should be made to the principal at the time of enrollment or at a time when financial difficulties occur.

### **ST. PAUL'S LUTHERAN SCHOOL FINANCIAL POLICY**

#### Payment Plan:

- d. Edchoice Scholarships will cover the cost of tuition. These checks come each month. Parents are expected to find a time within two weeks of receiving notice that checks have arrived from the school to come in and sign them.
- e. Tuition payments will be paid in 10 equal installments beginning on August 1<sup>st</sup> and continuing by the 1<sup>st</sup> of each month September through May. (Payments may also be made annually, semi-annually, or quarterly.) Payments not received by the 15<sup>th</sup> of the month may incur a 5% late fee. If a payment is not received by the end of the month in which it is due, the student(s) to which it applies will be considered no longer enrolled and will not be allowed to attend classes. Parents with financial difficulties are to contact the Principal BEFORE the payment is past due. The Principal or the Board of Education may make special arrangements for special circumstances.
- f. Report cards will not be issued and transcripts and records (including report cards) will not be sent to another school until payment is made in full of all outstanding fees at the end of the school year. Graduates whose fees are not paid will not receive their diploma at the graduation ceremony.

### **ENROLLMENT PROCESSING**

Enrollment procedures should be completed at a minimum of 10 business days prior to the opening day of school. Applications submitted later than this are subject to a 10 business day processing period. (Exceptions to the 10 business day processing period can be made by mutual agreement between the classroom teacher and the principal.) Copies of permanent records from the previous school must be included with the application form of any new student in grades 1-8.

### **NON-DISCRIMINATORY POLICY**

St. Paul's Lutheran School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded and 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 and all school-administered programs.

# Ohio Department of Health • School and Adolescent Health

## Health History

Student's name	Sex	Date of birth
	<input type="checkbox"/> Male <input type="checkbox"/> Female	/    /

### **Family Health History** Please list allergies, heart problems, diabetes, cancer or other serious health conditions.

Father	Mother	Brothers and Sisters

### **Birth and Developmental History** No unusual birth or developmental history

Did the mother have any unusual physical or emotional illness during this pregnancy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Was infant born full term? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did the infant have any sickness or problems? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Briefly explain illness or problems.  _____  _____		
How does the child's development compare to other children, such as his or her brothers/sisters or playmates?		
<input type="checkbox"/> About the same	<input type="checkbox"/> Delayed	<input type="checkbox"/> Advanced

### **Student Health Conditions**

<input type="checkbox"/> <b>YES</b> , my child receives regular medical/health care for the following conditions: <input type="checkbox"/> <b>NO</b> medical conditions		
<input type="checkbox"/> Allergies	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Seizure disorder
<input type="checkbox"/> Asthma	<input type="checkbox"/> Depression	<input type="checkbox"/> Sickle cell anemia
<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Ear problem/hearing difficulty	<input type="checkbox"/> Skin conditions
<input type="checkbox"/> Autism	<input type="checkbox"/> Emotional concerns	<input type="checkbox"/> Speech problems
<input type="checkbox"/> Behavior concerns	<input type="checkbox"/> Headaches	<input type="checkbox"/> Traumatic brain injury
<input type="checkbox"/> Birth/congenital malformations	<input type="checkbox"/> Heart problems	<input type="checkbox"/> Vision problems (glasses, contacts)
<input type="checkbox"/> Bone/muscle/joint problems	<input type="checkbox"/> Hemophilia	<input type="checkbox"/> Other _____
<input type="checkbox"/> Blood problems	<input type="checkbox"/> Juvenile arthritis	<input type="checkbox"/> Other _____
<input type="checkbox"/> Bowel/bladder problems	<input type="checkbox"/> Lead poisoning	<input type="checkbox"/> Other _____
<input type="checkbox"/> Cancer	<input type="checkbox"/> Migraines	<input type="checkbox"/> Other _____
<input type="checkbox"/> Cystic fibrosis	<input type="checkbox"/> Neuromuscular disorder	<input type="checkbox"/> Other _____

Please explain any conditions above or any reasons for hospitalizations.  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate any allergies your child may have.

Allergy type	Reaction	School restrictions or recommended actions
<input type="checkbox"/> Bee/Insect		
<input type="checkbox"/> Food		
<input type="checkbox"/> Medication		
<input type="checkbox"/> Other		

## Health History continued

Please list any prescription and over the counter medication that your child takes on a regular basis.

Medication and dose	Time	Reason

Do any health and/or medical conditions require school restrictions, modifications, and/or intervention?

Yes     No    If YES, please explain.

Does the student require any special procedures and/or treatments for their health condition(s)?

Yes     No    If YES, please explain.

Please indicate any other information about your child's health or development that you think would be helpful for the school to know.

Form completed by	Relationship to student	Date
		/ /

# EdChoice Renewal Form 2026-2027

## STUDENT INFORMATION

\*Student data *MUST* match birth certificate.

NAME: \_\_\_\_\_  
(First) (Middle) (Last)

DATE OF BIRTH: \_\_\_\_\_ GENDER: FEMALE MALE

GRADE STUDENT WAS IN ON JANUARY 1, 2026: \_\_\_\_\_

SCHOOL CURRENTLY ATTENDING: \_\_\_\_\_

WHAT SCHOOL DISTRICT DO YOU LIVE IN? \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

FOR THE PARENT/GUARDIAN SIGNING CHECKS, I AM THE (CHECK ONE):

Natural Parent  Residential Parent  Adoptive Parent  Student who is at least 18 years old

Legal Guardian of student applying for scholarship funds (court documents or Affidavit of Eligibility are required)

## PRIMARY PARENT/GUARDIAN

NAME: \_\_\_\_\_  
(First) (Middle) (Last)

DATE OF BIRTH: \_\_\_\_\_ LAST FOUR DIGITS OF SSN: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_ COUNTY: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

RELATIONSHIP TO STUDENT: \_\_\_\_\_

## SECONDARY PARENT/GUARDIAN

NAME: \_\_\_\_\_  
(First) (Middle) (Last)

DATE OF BIRTH: \_\_\_\_\_ LAST FOUR DIGITS OF SSN: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_ COUNTY: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

RELATIONSHIP TO STUDENT: \_\_\_\_\_

## INCOME VERIFICATION

In addition to applying with the school, new EdChoice Expansion applicants will need to complete the income verification process, unless the family has previous household income on file. Income verification is optional for renewal applications in the EdChoice Expansion Scholarship program. Renewing families do not need to complete a new income verification each year. If your annual household income or household size has changed, families may submit a new income verification application for the next school year. Families applying for low-income status in EdChoice and EdChoice Expansion must submit new household income annually. Household Income will not be recalculated after the review has been completed. To complete the Income Verification process, parents may submit online using the [secure Income Verification system](#) or complete and mail the paper form. Emailing documents is not permitted.

## ADDRESS VERIFICATION

***Proof of residency is required of all renewal applicants and must be submitted to the school with the application.***

Parents/Guardians must document residency by providing the school with a current (less than 90 days old) utility bill. The utility (electric, gas, water, sewer, cable/internet) bill must show matching service address and mailing address in the name of the parent/guardian. Post office boxes (except in rural areas where residents only have a PO Box) and cell phone bills have no service address and therefore are not accepted.

*Other Acceptable Documents:* A monthly mortgage statement (less than 90 days old) **or** lease/rental agreement (signed by lessee and lessor) **and** a piece of current business mail (examples: pay stub, bank statement, insurance statement, car payment statement, etc.) with parent/guardian's name and address. Additional information can be found on the [scholarship webpage](#).

## 2026-2027 EDCHOICE PARENT AGREEMENT

I \_\_\_\_\_ AGREE TO THE FOLLOWING:  
(Parent Name)

- The information provided in this application is true and correct.
- I have supplied the chartered nonpublic school with a certified copy of the student's birth certificate, copies of all custody/guardianship documentation for the student, and proof of my address.
- I have submitted only one EdChoice application for this student.
- The scholarship amount shall only be applied to the tuition of the enrolling school, and I may be required to pay other fees and costs as prescribed by the policies of the school.
- I will sign all scholarship checks received by the private school for my student in a timely manner. I understand that if I fail to endorse the scholarship checks to the school, I will be responsible for paying the student's tuition.
- If I transfer my scholarship to another participating chartered nonpublic school, I will notify the school of my intent to withdraw and I will return to the original school to sign any remaining checks.
- I will apply for any and all financial aid or tuition discounts and adjustments made regularly available to the students attending the school in which the student is accepted for enrollment.
- I will abide by the Ohio Department of Education and Workforce (DEW) dispute resolution process outlined in Ohio Administrative Code Section 3301-11-14.
- If I am not a low-income parent or did not complete the income verification process, I will be responsible for paying any difference between the scholarship amount and the tuition of the chartered nonpublic school.
- I must inform DEW and the chartered nonpublic school of any change in the student's residential address or custody status.
- I will not be able to renew my child's scholarship if: 1) my family moves to another public school district unless my child would be assigned to an EdChoice designated public school in the new district (applicable only to students who were initially awarded a scholarship based on an EdChoice designated building); 2) my child does not complete all required assessments; 3) my child has more than 20 unexcused absences for the school year; or 4) I fail to complete the renewal process. If my child received an EdChoice Expansion scholarship, I must maintain Ohio residency.
- I have received and understand the policy handbook of the chartered nonpublic school and will abide by its provisions.
- I understand that if my child's scholarship has been awarded in error, it will be terminated immediately, and I would then be responsible for paying the tuition if I decide to keep my child at the private school.

I designate \_\_\_\_\_ (Private School Name) to submit an application on my behalf for the Scholarship Program through the Ohio Department of Education and Workforce's electronic application system. By signing below, I agree to the above statements.

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SIGNATURE OF PARENT/GUARDIAN THAT WILL BE SIGNING CHECK

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DATE

**Return to the private school with a copy of current utility bill showing matching service and mailing addresses.**

*The Ohio Department of Education and Workforce does not discriminate on the basis of race, religion, gender, nationality, age, disability, or ethnic background. The Ohio Department of Education and Workforce is an [equal opportunity employer](#) and provider of [ADA services](#). The Department's [Notice of Non-Discrimination](#) applies to all programs and activities.*

*View the Department's [Disability Discrimination Policy](#) and [Discrimination Policy Grievance Procedure](#). For further information on notice of non-discrimination, visit [ocrcas.ed.gov/contact-ocr](http://ocrcas.ed.gov/contact-ocr) for the address and phone number of the office that serves your area, or call 1-800-421-3481.*