

## St. John's Lutheran School Student Enrollment 2026-2027

ID:	First	Middle	Last
<i>Office use</i>			
Gender	Birth Date	T-shirt Sz	ShortsSz
Student Home Address			Student Cell Phone
Home Church		Date Baptized	Place Baptized
Ethnicity	Race	First Language	Second Language
<input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic			
Allergies			
Medical Conditions			
Medications			

If your student requires any medication ([over the counter](#) or [prescription](#)) during the school day, you must complete a Medication/Treatment Request form. Please contact the school office for the correct form or download it from our website [www.stjohnsmilw.org](http://www.stjohnsmilw.org) under the Parent Info tab.

Parent/Guardian 1	Parent/Guardian 2	Parent/Guardian 3
Name:	Name:	Name:
Address:	Address:	Address:
Relationship to Student	Relationship to Student	Relationship to Student
Cell Phone	Cell Phone	Cell Phone
Email	Email	Email
Occupation	Occupation	Occupation
Work Phone	Work Phone	Work Phone
Newsletter Format	Newsletter Format	Newsletter Format
<input type="checkbox"/> Email <input type="checkbox"/> Paper	<input type="checkbox"/> Email <input type="checkbox"/> Paper	<input type="checkbox"/> Email <input type="checkbox"/> Paper
Home Language	Home Language	Home Language
Interpreter Name	Interpreter Name	Interpreter Name
Interpreter Phone	Interpreter Phone	Interpreter Phone
Financial Responsibility	Financial Responsibility	Financial Responsibility
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Names of any other household members	Relationship	Ages

If an emergency should arise and **YOU CANNOT BE REACHED**—WHO SHOULD WE CALL?

Emergency Contact 1	Emergency Contact 2	Emergency Contact 3	Emergency Contact 4
Relationship to Student	Relationship to Student	Relationship to Student	Relationship to Student
Cell Phone	Cell Phone	Cell Phone	Cell Phone
Home Phone	Home Phone	Home Phone	Home Phone
Work Phone	Work Phone	Work Phone	Work Phone
Email	Email	Email	Email
Authorized for Pick Up	Authorized for Pick Up	Authorized for Pick Up	Authorized for Pick Up
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**EMERGENCY MEDICAL AUTHORIZATION**

Purpose – To enable parents and guardians to authorize the provisions of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached. (While this procedure is in process, we will make continued attempts to contact the parents or guardians.) **Complete PART I OR PART II below.**

**PART I (GRANT CONSENT)** In the event that reasonable attempts to contact me or people at the above telephone numbers failed, I HEREBY GIVE MY CONSENT for (1) the administration of any treatment deemed necessary by:

Preferred Physician	Physician Phone	Preferred Dentist	Dentist Phone

or, in the event the above preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to Children’s Wisconsin (or any hospital reasonably available) for necessary treatment.

**PART II (REFUSE CONSENT)** I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the teacher/staff member to **TAKE NO ACTION OR TO:**

I have reviewed all the information on this form to ensure it is complete and correct, including my emergency medical authorization selection.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

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## The Wisconsin Home Language Survey (HLS) Form

Student First Name: \_\_\_\_\_ Student Middle Initial: \_\_\_\_\_  
 Student Last Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_\_\_  
 District: \_\_\_\_\_ School: \_\_\_\_\_ District ID: \_\_\_\_\_  
 Date of Administration: \_\_\_/\_\_\_/\_\_\_\_\_

### Parent/Guardian Information

First Name	Last Name	Relationship to Student

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

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

HLS administered by: \_\_\_\_\_, position \_\_\_\_\_.

### Purpose

The information on this form helps us identify students who may need help to develop the English language skills necessary for success in school. Language testing may be necessary to determine if language supports are needed by your child.

Answers will not be used for determining legal status or for immigration purposes. If your child is identified as eligible for English language services, you may decline some or all of the services offered to your child.

### Section 1

- Was the first language used by this student English?  
 Yes: Go to Question 2  
 No: Go to Question 3
- When at home, does this student hear or use a language other than English more than half of the time?  
 Yes: Go to Question 4  
 No: Student is not eligible for ELP Screening. HLS is complete. Go to Section 2.
- When at home, does this student hear or use a language other than English more than half of the time?  
 Yes: Administer ELP screener. Record other language(s). HLS is complete. Go to Section 2.  
 No: Go to Question 4

4. When interacting with their parents or guardians, does this student hear or use a language other than English more than half of the time?

Yes: Administer ELP Screener. Record other language(s). HLS is complete. Go to Section 2.

No: Go to Question 5

5. When interacting with caregivers other than their parents or guardians, does this student hear or use a language other than English more than half of the time?

Yes: Administer ELP screener. Record other language(s). HLS is complete. Go to Section 2.

No: Go to Question 6

6. When interacting with their siblings or other children in their home, does this student hear or use a language other than English more than half of the time?

Yes: Administer ELP screener. Record other language(s). HLS is complete. Go to Section 2.

No: Go to Question 7

7. Is this student a Native American, Native Alaskan, or Native Hawaiian?

Yes: Go to Question 8

No: Go to Question 9

8. Is this student's language influenced by a Tribal language through a parent, grandparent, relative, or guardian?

Yes: Administer ELP screener. Record other language(s). HLS is complete. Go to Section 2.

No: Go to Question 9

9. Has this student recently moved from another school district where they were identified as an English Learner?

Yes: Rescreen the student if they meet the criteria for rescreening. See EL Policy Handbook.

Otherwise, student's ELP should be carried over from the sending district.

No: Student is not eligible for ELP Screening. HLS is complete. Go to Section 2.

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## Section 2

HLS Result: **Screen / Do not Screen** (circle one)

Languages other than English used by student, if identified: \_\_\_\_\_

Parental preference for languages used for school communications (may be multiple):

Parent name: \_\_\_\_\_

Parent name: \_\_\_\_\_

Oral: \_\_\_\_\_

Oral: \_\_\_\_\_

Written: \_\_\_\_\_

Written: \_\_\_\_\_



## New Student Screening Form K5-8th Grade Students

Welcome to St. John's Lutheran School. To help us assist your child to achieve his/her greatest potential, we are asking you to complete this form.

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Previous School: \_\_\_\_\_ Last Grade Completed: \_\_\_\_\_

	Yes	No
1. Did your child receive special education at the previous school?		
2. Did your child receive services in gifted and talented education at the previous school?		
3. Does your child have a <b>current</b> Individualized Education Plan (IEP)? Please provide a copy.		
4. Has your child ever received special education services/had an IEP?		
5. Does your child have a <b>current</b> Section 504 plan? If yes, please provide documentation		
6. Has your child ever received accommodations/modifications in a classroom setting or on a standardized test under the Section 504 plan? .		
7. Is there another language spoken in your home besides English? What is the primary language spoken at home? _____		
8. Was your child receiving any <b>educational support</b> services last year? If so, explain _____		
9. <b>Homeless Status of Student:</b> Is your child living with another family; separated from your family; or foster care pending? (Circle applicable situation.)		

The following is a list of special education disability categories generally serviced in the public school setting. To the best of your knowledge, does your child qualify for any of these programs? Please respond to all categories.

Disability Categories	Yes	No
1. Intellectual Disability		
2. Specific Learning Disability		
3. Emotional/Behavioral Disability		
4. Autism/Aspergers		
5. Hearing Impairment		
6. Vision Impairment		
7. Orthopedic Impairment		
8. Other Health Impairment		
9. Speech/Language		
10. Traumatic Brain Injury		
11. Significant Developmental Delay		
12. Attention Deficit Disorder or Attention Deficit Hyperactivity Disorder		
13. Other Special Needs:		

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

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 Phone: (414) 541-5881 | Fax: (414) 541-7869 | [school@stjohnsmilw.org](mailto:school@stjohnsmilw.org) | [www.stjohnsmilw.org](http://www.stjohnsmilw.org)



## Student Tuition Agreement

2026-2027 School Year

*K4 through 8th Grade*

The Cornerstone Lutheran Network Board has set the tuition amounts to be paid by the families whose children attend St. John's Lutheran School. A Christian education is priceless; it is an investment in the future of your child. Unlike most things you spend your money on, a Christian education pays dividends which last forever.

### 1. **TUITION COSTS**

Tuition costs include materials needed for all classes including textbooks, science and art supplies, physical equipment, field trips, and other costs of operating our school. These costs are due on or before August 31st.

Tuition does not cover personal items including standard school supplies and student uniforms.

### 2. **PAYMENT PLANS**

Each parent/guardian is responsible for the payment of tuition. Payment must be made using one of the following options.

#### **Option 1: FACTS Monthly Payment Plan**

Any account not paid in full by the first day of school, **MUST** be enrolled in the FACTS Tuition Plan. The FACTS Tuition Payment Plan is from **September to May**. The tuition is totaled and will be divided into nine payments. Parents may choose the withdrawal date of the automatic bank payment from a checking or savings account. There is a cost per family for using FACTS Tuition.

#### **Option 2: Full Payment**

Payment in full on or before August 31st of the new school year.

### 3. **Choice Voucher**

St. John's Lutheran participates in both the Milwaukee and the Wisconsin Parental Choice Programs. Eligibility for a voucher is based on household size and residency. Use the chart on the other side as a guide. Families must apply during an open enrollment period each school year. See the Choice flyer for more information.

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## K4-8th Grade Student Tuition Agreement: 2026-2027 School Year

Student Name	Grade 2026-2027

**TUITION COSTS**

2026-2027 Non-Member Tuition      \$11,305 x \_\_\_\_\_ students = Total Tuition \_\_\_\_\_

2026-2027 Church Member Tuition    \$ 1,925 x \_\_\_\_\_ students = Total Tuition \_\_\_\_\_

**TUITION BALANCE DUE**      \_\_\_\_\_

I  **do**  **do not** qualify for the Choice Program

- I will pay in full by the 1st day of school.
- I will use FACTS Tuition Plan (9 monthly payments)
- I am submitting a Milwaukee Parental Choice Program application. I live in the **City of Milwaukee**
- I am submitting a Wisconsin Parental Choice Program application.

I, the below signed parent/guardian of the Choice eligible student(s) listed above, authorize St. John's Lutheran School to receive the Wisconsin Department of Public Instruction payment for the 2026-2027 school year.

2026-2027 Adjusted Gross Income Eligibility Chart (AGI)				
Family Size	WPCP (State) Income Limits*		MPCP (City of Milwaukee) Income Limits**	
	Single Parent	Married Parents	Single Parent	Married Parents
2	\$46,530		\$63,450	
3	\$58,630	\$65,630	\$79,950	\$86,950
4	\$70,730	\$77,730	\$96,450	\$103,450
5	\$82,830	\$89,830	\$112,950	\$119,950
6	\$94,930	\$101,930	\$129,450	\$136,450
*State: For each additional member, add \$12,100    **City: For each additional member, add \$16,500				

Printed Name of Responsible Parent/Guardian: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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# Parental Consent for Extracurricular and Off-Campus Educational Activities 2026-2027 School Year

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

I hereby request and consent that my child(ren) (ward) while enrolled at St. John's Lutheran School of Milwaukee, Wisconsin, be permitted to participate in the extra-curricular activities which I have checked both on and off campus. Such activities may be conducted in the school building, on school premises, or away from the school, and that the activities may be engaged in during school hours or afterward. I also understand that the activities are carried on under the supervision of faculty members and parent volunteers.

I understand Wisconsin law states that all children under 4'9" tall or under 80 lbs. must use a DOT approved booster seat. I agree to provide an adequate booster seat, or my child may not be able to go with the class on off campus trips.

I further agree to hold harmless the faculty, staff and congregation of St. John's Lutheran School and Church from all suits, claims, or demands of any kind arising out of, or in connection, with these activities.

I agree also to not hold personally responsible any adult who might transport my child during these events.

This consent shall remain in force until revoked by the parents on written notice to the principal.

**Please check the boxes below to give your child(ren) permission.**

- Any off-campus activity (field trips, etc.)
- Any extracurricular activity (K5-8th grade sports, Pioneers, etc.)

Exception: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Date**



# ACCEPTABLE USE POLICY AGREEMENT



**ST. JOHN'S**  
LUTHERAN

I have read and understand the [Acceptable Use Policy](#) (AUP) of St. John's Lutheran School. I also recognize that there are both benefits and dangers to internet use. I understand that St. John's Lutheran School cannot guarantee the accuracy or quality of the information obtained through the internet. I further understand that my child(ren) will be held responsible for any actions in violation of the St. John's Lutheran School Acceptable Use Policy.

Based on the guidelines stated above, please check the appropriate box and fill out the necessary information for each child attending St. John's Lutheran School.

- I hereby GIVE permission for my child(ren) to be granted access to St. John's electronic devices with internet access.
- I hereby DENY permission for my child(ren) to be access to St. John's electronic devices with internet access.

Please PRINT each student's name and grade below.

1. \_\_\_\_\_ Grade \_\_\_\_\_
2. \_\_\_\_\_ Grade \_\_\_\_\_
3. \_\_\_\_\_ Grade \_\_\_\_\_
4. \_\_\_\_\_ Grade \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_

## Student Signatures

I have read and understand the St. John's Lutheran School Acceptable Use Policy, and I agree to all the guidelines.

1. Student Signature \_\_\_\_\_ Date \_\_\_\_\_
2. Student Signature \_\_\_\_\_ Date \_\_\_\_\_
3. Student Signature \_\_\_\_\_ Date \_\_\_\_\_
4. Student Signature \_\_\_\_\_ Date \_\_\_\_\_

## Digital Device and Internet Access

**Question 1** – What digital device does the student most often use to complete school work at home?

- Chromebook
- Laptop or Desktop Computer
- Tablet
- Smartphone
- Other
- None

**Question 2** - Who provided the primary learning digital device to the student?

- School
- Personal
- Other

**Question 3** - Is the primary learning device shared with anyone else in the household?

- Shared
- Not Shared

**Question 4** - Can the student access the internet on their primary learning device at home?

- Yes
- No – Not affordable
- No – Not available
- No - Other

**Question 5** - What is the primary type of internet service used at the residence?

- Residential Broadband (*e.g., DSL, Cable, Fiber*)
- Cellular Network
- Dial-up
- Other
- Not applicable – no service at home

**Question 6** - Can the student stream video on their primary learning device without interruption?

- Yes
- Sometimes (*not consistently*)
- No