

2024 – 2025 ST PAUL LUTHERAN SCHOOL REGISTRATION FORM

Student's Name _____
(Last) (First) (Middle)

Date _____ Grade Entering _____ School Transferring From _____

Date of Birth _____ Sex _____ Place of Birth _____ Baptized _____ Date _____

Baptized at _____ Home church _____

Address where student lives _____
(Address) (City) (Zip Code)

Family E-Mail Address _____

Mother or Guardian _____ Cell Phone _____
(Last) (First) (M.I.) Cell Phone Provider _____

Home Address _____ Home Phone _____

Mother's
Employment _____ Phone _____

Father or Guardian _____ Cell Phone _____
(Last) (First) (M.I.) Cell Phone Provider _____

Home Address _____ Home Phone _____

Father's
Employment _____ Phone _____

Who has custody of student? (Circle One) Mother Father Both Guardian Other

Student lives with (Circle One) Mother Father Both Guardian Other

Student's Rank in Family _____ Number of Sisters _____ Number of Brothers _____

List Children in Family:

_____ Age _____

_____ Age _____

_____ Age _____

Miles Living From School _____ Township _____ County _____

Bus rider _____ Student lives in the School District of _____
(yes) (no)

(OVER)

EMERGENCY CONSENT

Student's Name _____
(Last) (First) (Middle)

If school cannot contact a parent, name a friend or relative who may be called in case of illness or emergency.

First Choice _____
(Name) (Relationship) (Phone)

Second Choice _____
(Name) (Relationship) (Phone)

Health Alert _____ Yes _____ No

Name the Condition

Doctor _____ Phone _____ Dentist _____ Phone _____

Hospital _____ Phone _____

Pre-existing medical condition? _____

Date of last Tetanus shot _____

Currently on any medications? _____
(list medications)

Does the student wear glasses _____ Yes _____ No. Contact lenses _____ Yes _____ No

Health Insurance

Subscriber Name _____ Policy No. _____ Group No. _____

In the event of a medical emergency, during my absence, I hereby give consent for treatment, administration of anesthesia, and surgical intervention for my (son/daughter) _____ as deemed necessary by the attending physician, nursing staff, and hospital and will remain in effect until revoked in writing by the undersigned. The parent's recommendation will be respected as far as possible. I understand that in the final disposition of an emergency, the judgment of school authorities and medical staff will prevail. Anytime the above information changes, I will notify the school. Completed information is to be confidentially shared with school staff as medical indicated.

Parent/Guardian Signature _____ Date _____