

# Our Savior's Lutheran School

oursaviorslutherschool.org

## REGISTRATION FORM 2018-2019



217 South Broadway  
P.O. Box 477  
Crookston, MN 56716  
218-281-5191

### STUDENT INFORMATION

Today's Date	Grade Entering
Name of Student (First, Middle, & Last)	Date of Birth <input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address	Church Affiliation
City                      State                      Zip	Is Child Baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone	Student Lives with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian:
Preferred Contact Method: <input type="checkbox"/> Phone: _____ <input type="checkbox"/> Email: _____	Student's T-shirt size: Youth size: <input type="checkbox"/> YXS <input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> YXL Adult size: <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> AXL

### PARENT/GUARDIAN INFORMATION

Father's Name	Mother's Name
Address	Address
City                      State                      Zip	City                      State                      Zip
Home Phone                      Cell Phone	Home Phone                      Cell Phone
Email Address	Email Address
Place of Employment                      Phone	Place of Employment                      Phone

### STORM HOME INFORMATION

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

## FAMILY INFORMATION

Brother(s) and/or Sister(s) Names	School	Birth date

**Day Care Provider:** \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

List two people who will assume responsibility for and are authorized to pick up your child if school personnel are unable to notify you in an emergency.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Others authorized to pick up your child: \_\_\_\_\_

Individuals **NOT** authorized to pickup your child: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

### List any chronic health conditions, allergies, special problems or medical needs:

\_\_\_\_\_

Does the student's health problem require any medication? Yes  No

If so what? \_\_\_\_\_

Does the student take medication daily? Yes  No

Will student require medication during the school day? Yes  No

**Prescription medications to be administered must be brought to school in the prescription bottle with written instructions from parent & physician. A medical consent form must be filled out in the school office.**

### Written Permission Slips

I authorize Our Savior's Lutheran Day School and its employees to act in an emergency when I cannot be reached or am delayed.

**Parent Signature:** \_\_\_\_\_

I authorize Our Savior's Lutheran Day School to use my child's picture in connection with publicizing the school in the newspaper, in brochures or in any other public way.

**Parent Signature:** \_\_\_\_\_