

# Our Savior's Lutheran School

oursaviorslutherschool.org

## REGISTRATION FORM 2024-2025



217 South Broadway  
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"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Guardian:	
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 (K-6<sup>th</sup> GRADE ONLY)

In case of a winter storm and school buses cannot deliver students to rural addresses, list an in-town address (with name and phone number) where your child should be bussed. If you work in town and would prefer to pick up your child from school in this situation, please list the name and phone number of the pick-up person and check the pick-up box.

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

In-town address to be bussed to: \_\_\_\_\_ OR Pick-up

## 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:** \_\_\_\_\_