

Our Savior's Lutheran School

oursaviorslutherschool.org

REGISTRATION FORM 2025-2026



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-6th GRADE, RURAL ADDRESSES 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: _____