



Christ Lutheran School

2017-2018 Student Information Sheet

Child's full name _____ Grade _____ Date of Birth _____

Address _____
Street address *City, State* *Zip Code*

Health information:

Doctor _____ Telephone Number _____
Dentist _____ Telephone Number _____
Health insurance _____ Group Number _____
Allergies _____
Medications _____

Family Information:

Parent/Guardian name _____	Parent/Guardian name _____
Home _____	Home _____
Work _____	Work _____
Cell _____	Cell _____
E-mail _____	E-mail _____
Primary Contact _____	

Emergency contacts: Name - phone number:

The following person(s) have permission to pick up the student from Christ Lutheran School.

Name:

Relationship to child:

Father's/Guardian's Signature

Date

Mother's/Guardian's Signature

Date

Student Permission Form

Student Name: _____

School Directory: I hereby give permission to publish my name, child's name, address, home phone number, and e-mail address in the school directory which will only be made available to families of children enrolled at Christ Lutheran School and Christ Lutheran Church staff.

_____ Yes _____ No (Please initial your selection)

Photo Release: I hereby consent that the photographs or videos taken throughout the school year may be used and indicated as follows. These pictures may be used in bulletin boards, in the school and/or church newsletter, school programs, art projects, memory books, end-of-year slide show and presentations made to those interested in the activities of the center.

It is okay to use photographs, etc. as described above.

It is okay to use photographs on the Christ Lutheran School website at www.christlutheralschoolop.com

It is okay to use my child's photograph on the Christ Lutheran School Facebook page.

I do not give my consent to have photographs of my child used by Christ Lutheran School in any way as specified above.

My signature affirms that I have given and/or denied my permission for the above items.

Parent/Guardian's Signature

Date