

Siblings:	<u>Name</u>	<u>DOB</u>	<u>Grade</u>	<u>School</u>	<u>Resides with</u>
1.					
2.					
3.					

Emergency Medical Information

Student's Physician _____

Physician's Phone # _____ Hospital Preference: _____

In case of emergency, do we have your permission to provide emergency medical treatment and to send him/her to a hospital if necessary? **Yes** **No**

List any pertinent health care or emergency information (allergies, bleeding, etc.)

Authorization for Publication

I give permission to St. John Lutheran School to publish my address and phone number in a school directory for use by school families. Yes _____ No _____

Authorization for Photo Release

I understand that St. John Lutheran School may use photograph and video images of my child on the St. John website, St. John Facebook page, television commercials and/or newspaper and magazine ads. The school agrees not to use my child's name in any of the photographs or videos.

Signature of Parent or Guardian

Interest in the Lutheran Church

I am _____ I am not _____ interested in speaking with the pastor or an elder about the Lutheran Church and possibly attending an adult information course.

Parental Agreement

I wish to have my child enrolled in St. John Lutheran School and agree to support the school's program with prayers, encouragement, and involvement and prompt financial payment. I understand that if tuition or fees are in arrears, action regarding the student's continued enrollment will be taken by the School Board. I understand that only the School Board is authorized to make special financial arrangements. I understand that all fees must be paid in full and tuition must be up-to-date in order for my child to be admitted on the first day of school.

Signature of Father (or Guardian)

Signature of Mother (or Guardian)

Please make sure you have signed in two places.