

# IMMANUEL LUTHERAN SCHOOL REGISTRATION

Student's Name: \_\_\_\_\_ Grade Entering: \_\_\_\_\_  
(First) (Middle) (Last) (PreK 4 – Gr. 8)

Date of Birth: \_\_\_\_\_ Baptism Date: \_\_\_\_\_ Church Membership: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of Work: \_\_\_\_\_ Work Phone: \_\_\_\_\_

*Please circle preferred number for school to call.*

Father's Name: \_\_\_\_\_ Email: \_\_\_\_\_

*(if different)* Address: \_\_\_\_\_ City: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of Work: \_\_\_\_\_ Work Phone: \_\_\_\_\_

*Please circle preferred number for school to call.*

Physician: \_\_\_\_\_ Dentist: \_\_\_\_\_

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

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

People who will assume temporary care of your child if you cannot be reached:

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

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

People authorized to pick up your child after school:

1. \_\_\_\_\_ 2. \_\_\_\_\_

People NOT authorized to pick up your child after school:

Daycare Provider (Name, Address, Phone number) \_\_\_\_\_

Medical/dental release (*see information on reverse side for details.*)

Signature \_\_\_\_\_ Date \_\_\_\_\_

\* I agree to abide by the policies and the practices of this school as described in the Parent Handbook.

\* I give permission for my son/daughter to attend all field trips unless I notify the school otherwise.

\* I give permission to Immanuel Lutheran School to publicize events and activities in which my child is a participant.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

(over)

Does your child have any medical needs of which we should be aware in case of an emergency?

YES / NO

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If unable to reach you or a physician/dentist in an emergency, do you authorize the school to provide transportation to a proper medical facility? Will you refrain from holding the school financially responsible for the care we have given? Please check one.

YES \_\_\_\_\_ NO \_\_\_\_\_

**FAST DIRECT INFORMATION:**

ILS uses an online communication and grading system called Fast Direct. Please include the following information so you can receive important notifications.

Cell phone: \_\_\_\_\_ Service provider \_\_\_\_\_ e-mail \_\_\_\_\_

This information authorizes ILS to send text message updates to your phone and/or e-mail.

**SCHOOL DIRECTORY:**

We would like to include your family in a printed school directory next year. The following information would be included..

Parent name    Address    Home/Cell phone    Parent e-mail    Student name & grade

List information you would not want shared.