

STUDENT NAME _____ Sex: _____ DOB: _____ Grade: _____

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Address _____

City: _____ Zip Code: _____ PHONE: (____) _____

Primary email _____ check if address cannot be published

FATHER _____ MOTHER _____

Employer _____ Employer _____

Work Phone _____ Work Phone _____

CELL Phone _____ CELL Phone _____

Do you accept text alerts? YES or NO Do you accept text alerts? YES or NO

Church Membership _____ Church Membership _____



IN CASE OF EMERGENCY AND PARENT/GUARDIAN CANNOT BE REACHED, THE SCHOOL SHOULD CONTACT THE FOLLOWING, WHO ARE ALSO AUTHORIZED FOR PICKING UP YOUR CHILD:

1. _____ Relationship _____ Phone(____) _____
2. _____ Relationship _____ Phone(____) _____
3. _____ Relationship _____ Phone(____) _____
4. _____ Relationship _____ Phone(____) _____

EARLY SCHOOL DISMISSAL – When the need arises to have an early dismissal, I request the following:

(select any/all applicable)

1. Contact mother _____
2. Contact father _____
3. My child is enrolled at EGL Child Care or after school care & my child should go there _____
4. Contact other person authorized to pick up my child _____

Family Health Insurance Carrier _____

Insurance Policy Number _____

Hospital Preference _____

Doctor _____ Office Phone (____) _____

Dentist _____ Office Phone (____) _____



Please describe any special health concerns:

Please describe any special instructions to be used in the case of an emergency:

I authorize staff at ELM GROVE LUTHERAN to contact Elm Grove Emergency Medical Service (EMS) or any ambulance service available in case of emergency. YES _____ or NO _____

I authorize staff at ELM GROVE LUTHERAN to contact the above named Physician or Dentist in case of emergency. YES _____ or NO _____

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This form must be completed by July or upon enrollment. If there are any changes to this form during the school year, please submit the update(s) in writing to the school office or log into Fast Direct/Procure to update.

Signature: _____
(parent/legal guardian)

Date: _____

Signature: _____
(parent/legal guardian)

Date: _____