

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 \_\_\_\_\_

. . . . .  
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: \_\_\_\_\_