

Hope Lutheran Church Student Information Sheet

Please fill out the information below. This information will be kept on file in the Education Coordinators office; it is only used to assist in providing communications between Hope's education ministry and the families it serves. When events take place away from Hope Lutheran, leaders will have copies of the emergency information.

Thank you.

*****Please circle your preferred method of contact*****

PLEASE PRINT

Student's Name _____

Date of Birth _____ Baptism Date & Location _____

Grade _____ School Attending _____

Student resides with ___Both Parents ___Father ___Mother ___Joint Custody ___Other

Mother's Name _____ Father's Name _____

Additional Parents _____

Primary Address _____

City/State/Zip _____

Phone Number _____

Other Address _____

City/State/Zip _____

Phone Number _____

Parent's email _____

Student's email _____ Student's cell _____

EMERGENCY INFORMATION & PERMISSION

Mother's Employer _____ Phone _____

Father's Employer _____ Phone _____

Contact Person _____ Phone _____

Cell phone _____

Medical Conditions of concern _____

Any known allergies _____

I give my child permission to attend/participate in Hope Lutheran Church education activities, any off-church property activities, field trips, service projects, etc. I understand it is my responsibility to provide insurance for my child. I will not hold Hope Lutheran Church or any of its representatives liable for any reason or in case of accident or injury. In the event of an emergency, I give emergency medical care permission to any teacher or representative of Hope Lutheran Church to seek emergency medical attention as deemed necessary if I cannot be reached. I give the church permission to use my phone number in a directory for other students and I give the church permission to use photos of my child for publications and on the church website.

Parent/Guardian signature _____ Date _____