



STUDENT INFORMATION FORM

Teacher: _____ Today's Date _____

Student Name _____ Nickname _____

Date of Birth _____ Age as of August 31st, 2009 _____ Sex M / F _____ Circle

Street Address _____ Apt # _____ City _____ Zip Code _____

Home Phone (____) _____ Cell Phone (____) _____

Student is living with Both Parents Mother only Father Only Guardian (Please check one)

Father's /Guardian's Name _____ e/m _____ Ok to send school news via e/m Y N

Work Place _____ Work Phone _____

Mother's/Guardian's Name _____ e/m _____ Ok to send school news via e/m Y N

Work Place _____ Work Phone _____

Church Home _____ Is your child baptized? Yes No

Languages spoken at home _____ Ethnic Background _____ Optional

Any special cultural or family traditions you would like us to be aware of? _____

NAMES OF PERSONS WHO ARE AUTHORIZED TO PICK UP STUDENTS BESIDES PARENTS:

We may require picture identification for those named below.

Name _____ Phone # _____ relation to child _____

Name _____ Phone # _____ relation to child _____

Name _____ Phone # _____ relation to child _____

Name _____ Phone # _____ relation to child _____

If there are any changes to the above list, I will let the school know with Written Permission Verbal/Phone call Permission

Any Persons NOT ALLOWED to pick up student _____ (Please bring in any legal documents to help us protect your child.)



HELPFUL BACKGROUND INFORMATION

Please name any schools your child has previously attended.

Why did you choose Glendale Lutheran School?

How did you hear about Glendale Lutheran School?

Describe your child briefly. What does he/she like to do, enjoy learning about, etc.? What would you like us to know to best teach your child?

Anything else we missed that you need us to know about your child?

HEALTH INFORMATION

DOES YOUR CHILD HAVE ANY ALLERGIES? IF SO, PLEASE EXPLAIN:

Is your child on a special or restricted diet? Please explain:

Does your child have any physical or other conditions of which the school should be aware?

Is your child up-to-date on his/her immunizations? Yes No

(The school must have an immunization record form on file.)

PLEASE SIGN IF YOU GIVE PERMISSION FOR THE FOLLOWING

YES, I WILL ... *allow my name, my child's name, address and telephone number to be put in the School Directory and distributed to each school family, staff member and School Board member.*

NO, I WILL NOT

YES, I WILL ... *allow photos and videos to be taken of my child at school and special events and be used in school publications and displays.*

NO, I WILL NOT

YES, I WILL ... *allow my child's artwork or class creations to be reproduced for school publications or fund-raising efforts. (Example: student art used for card sales)*

NO, I WILL NOT

Parental/Guardian Signature _____ Date _____



EMERGENCY CONTACT INFORMATION

PERSONS TO BE CALLED IN-CASE OF AN EMERGENCY. PLEASE ORDER THE NAMES, STARTING WITH WHOM YOU WOULD LIKE TO BE CONTACTED FIRST ALL THE WAY TO LAST.

1. Name _____ relationship to student _____
Home # () _____ Work # () _____

2. Name: _____ relationship to student _____
Home # () _____ Work # () _____

3. Name: _____ relationship to student _____
Home # () _____ Work # () _____

4. Name: _____ relationship to student _____
Home # () _____ Work # () _____

5. Name : _____ Phone () _____
Out of State Contact
E-mail address _____ Relation _____

YES! In the case of an emergency, I authorize GLS to release my child to the people listed above.

Name of child's Physician _____ Phone # _____

Hospital choice in case of an emergency _____

PARENTAL EMERGENCY MEDICAL & CONTACT RELEASE

In the case of an emergency, I give permission for the Glendale Lutheran School staff to seek medical attention for my child. I understand that the school will try to contact a person on the emergency list first, but in an extreme emergency, medical help may be contacted prior to contacting a parent.

Signature _____ Date _____
(Parent or Guardian)



MISCELLANEOUS INFORMATION

We receive grants to use for tutoring and other services. Please help us continue to receive these grants by completing this section. Completing this section is optional. All information provided will remain confidential.

1. Number of children enrolled _____ grades? _____

2. Number of people that live in your household
(Include grandparents also. No names needed.)

3. Refer to the chart below. Which corresponds to the number of people you entered in question 2. Is your household income less than the dollar amount that corresponds to the number in your household?
 Yes No

# of People	1	2	3	4	5	6	7	8
Yearly Income	\$19,240	\$25,900	\$32,560	\$39,220	\$45,880	\$52,540	\$59,200	\$65,860

Glendale Lutheran School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admission policies, financial aid or any other school-administered program.