

ST. JOHN'S LUTHERAN SCHOOL STUDENT PROFILE

STUDENT DATA

Student Last Name:	First Name:	Middle Name:
Preferred First Name:	Grade Entering 2024-25:	
Gender: Male Female	Date of Birth:	Native Country:
Current Address:		
City:	State:	Zip Code:
Language spoken in home:		

PARENT/GUARDIAN CONTACT INFORMATION

Guardian #1:	Email Address:	
Relationship to Student:	Residing in same home as student? YES NO	
Home phone:	Cell phone:	Work phone:
Place of Employment:	Occupation:	
Guardian #2:	Email Address:	
Relationship to Student:	Residing in same home as student? YES NO	
Home phone:	Cell phone:	Work phone:
Place of Employment:	Occupation:	

HEALTH

Allergies/Medical Conditions:	
School supplied with current medical plan completed by student's physician (if applicable): YES NO	
Medication(s) (if applicable):	
*For life-saving medication – please send 3 days dosage and a physician's note authorizing school officials to administer in time of emergency.	
Insurance Carrier:	Hospital Preference:
Primary Care Physician:	Phone Number:
Dentist:	Phone Number:

EMERGENCY CONTACTS - to be contacted and student to be released to if parents are not available

Name:	Relationship to Student:	
Home phone:	Cell phone:	Work phone:
Name:	Relationship to Student:	
Home phone:	Cell phone:	Work phone:

PUBLICITY/INFORMATION RELEASE

YES NO I give permission for my child to be included (individually or group) in video footage, church videos, school videos or television coverage (PR or advertising opportunities, including social media)
YES NO I give permission for my child to be included in photographs for school or church materials, brochures, posters, ads, publicity, social media, etc.
YES NO I give permission for my child to be included (individually or group) in photographs or video taken by non-school personnel.
I give permission for the following information to be listed in the Sycamore Family Directory:
Phone: YES NO Address: YES NO Email Address: YES NO

CHURCH

Are you a member of St. John's Lutheran Church? YES NO
Please list the church or religious organization you currently attend:
Is your child baptized? YES NO

OTHER CHILDREN ATTENDING ST. JOHN'S

Name:	Grade:
Name:	Grade:
Name:	Grade: