

St. Peter Lutheran School 5K-8th Grade Enrollment Form

N2740 French Road, Appleton, WI 54913
920-739-2009

Child's name (first middle last) _____ Date of birth _____

Ethnicity: African American Alaskan Indian Asian Hispanic Native American Pacific White
(check all that apply)

Address _____

City _____ State _____ Zip _____ 2017-2018 Grade _____

5K Only: Full Days _____ Half Days _____

MOTHER (or guardian) _____

Address (if different than child) _____

PHONE CONTACTS (Please specify Home, Work, or Cell)

1# _____ (H/W/C) 2# _____ (H/W/C) 3# _____ (H/W/C)

Occupation _____ Employer _____

E-mail _____

FATHER (or guardian) _____

Address (if different than child) _____

PHONE CONTACTS (Please specify Home, Work, or Cell)

1# _____ (H/W/C) 2# _____ (H/W/C) 3# _____ (H/W/C)

Occupation _____ Employer _____

E-mail _____

Status of child's parents: Married _____ Separated _____ Divorced _____ Other _____

If divorced, who has legal custody? _____

Stepfather _____ Stepmother _____

If adopted, does your child know? _____

Parent or Guardian signature: _____ **Date:** _____

Child's Name _____

**PERSONS WHOM YOU AUTHORIZE ST. PETER LUTHERAN TO CONTACT FOR GUIDANCE
IN AN EMERGENCY (if parents are unavailable)**

Name _____ Relationship _____

Address _____ Phone _____

Name _____ Relationship _____

Address _____ Phone _____

Name _____ Relationship _____

Address _____ Phone _____

CHILD'S PHYSICIAN _____

Address _____ Phone _____

HOSPITAL or CLINIC _____

Address _____ Phone _____

EMERGENCY MEDICAL AUTHORIZATION

**I authorize St. Peter Lutheran staff to obtain emergency medical care and to transport
_____ (child's name) for emergency medical treatment. I give
my consent for necessary treatment when my child is in the care of a physician/hospital/clinic.**

Signature of parent/legal guardian _____

Date _____

Are there any health or other special situations that we should be aware of, such as allergies, existing illness, previous serious illness and injuries, hospitalizations during the past 12 months, or any medications prescribed for continuous long term use? **If none, please mark this section N/A.**

Parent or Guardian signature: _____ **Date:** _____

Child's Name _____

Child's brothers/sisters

Name _____ Date of birth _____

Name _____ Date of birth _____

Name _____ Date of birth _____

Name _____ Date of birth _____

Other schools your child has attended:

What public school district do you live in? _____

What public school would your child otherwise attend? _____

Does your child wear contacts or glasses? *Yes* or *No* If yes, how often? *At all times* or *Just for reading*

Has your child been baptized? _____

Name of church/churches you attend _____

AGREEMENT STATEMENTS:

Field Trips and Transportation

I give consent for my child to leave the premises or take part in planned educational field trips and activities which have been announced in advance and to be transported to these activities by St. Peter Lutheran.

Parent or Guardian Signature: _____ *Date:* _____

Photographic Release

I give consent for my child to be photographed or videotaped while participating in school activities. These photographs/videos may be used in school publications (i.e. newsletters, web page, etc.).

Parent or Guardian Signature: _____ *Date:* _____

School Directory

I give consent for the following to be published in the school directory:

- My primary phone number: *Yes* or *No*
- My email: *Yes* or *No*

Parent or Guardian Signature: _____ *Date:* _____