

ST. JOHN'S LUTHERAN SCHOOL STUDENT PROFILE			
<b>STUDENT DATA</b>			
Student Last Name:		First Name:	Middle Name:
Preferred First Name:		Grade Entering 2022-23:	
Gender: Male	Female	Date of Birth:	Native Country:
Current Address:			
City:		State:	Zip Code:
Language spoken in home:			
<b>PARENT/GUARDIAN CONTACT INFORMATION</b>			
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:	
<b>HEALTH</b>			
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:	
<b>EMERGENCY CONTACTS - to be contacted and student to be released to if parents are not available</b>			
Name:		Relationship to Student:	
Home phone:	Cell phone:	Work phone:	
Name:		Relationship to Student:	
Home phone:	Cell phone:	Work phone:	
<b>PUBLICITY/INFORMATION RELEASE</b>			
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			
<b>CHURCH</b>			
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			
<b>OTHER CHILDREN ATTENDING ST. JOHN'S</b>			
Name:		Grade:	
Name:		Grade:	
Name:		Grade:	