



Student Name: \_\_\_\_\_

Sex \_\_\_\_\_ DOB \_\_\_\_\_

Grade \_\_\_\_\_

**2025-26 - Information & Release Form**  
Please complete ONE form per child. There are two sides to this form.

**Student Information**

Home address: \_\_\_\_\_

\_\_\_\_\_ zip: \_\_\_\_\_

Home phone: \_\_\_\_\_

Siblings at TLS: \_\_\_\_\_

Is your child Baptized? \_\_\_\_\_

If so, where and date: \_\_\_\_\_

Student's home church: \_\_\_\_\_

**Parent/Guardian Information**

**Father's Name** - notify 1<sup>st</sup> or 2<sup>nd</sup> (circle 1)

Address (if not the same as student's): \_\_\_\_\_

Work phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Mother's Name** - notify 1<sup>st</sup> or 2<sup>nd</sup> (circle 1)

Address (if not the same as student's): \_\_\_\_\_

Work phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Emergency Contacts**

**List** name, address and phone/cell #'s of three (3) persons that TLS can contact in case of emergency **IF parents are not available**, in order of priority:

**1.** Name: \_\_\_\_\_

**2.** Name: \_\_\_\_\_

**3.** Name: \_\_\_\_\_

**Medical Information**

**Medical Dr.** Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**Dentist's** Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**List ALL** unusual conditions, **allergies**, illnesses & any **medications** used and those to be kept at TLS for administration:

**\* COMPLETE OTHER SIDE \* → →**

Student Name: \_\_\_\_\_ **side 2 of 2**

**Authorized PICKUP:** List name, relationship, address, and phone/cell #'s for ALL people authorized to pick up your child from TLS. Your child will not be released to anyone not listed unless you call or send a note to your child's teacher. We will ask for identification.

Name	relationship	address	phone/cell#
Name	relationship	address	phone/cell#
Name	relationship	address	phone/cell#
Name	relationship	address	phone/cell#

**Authorization for EMERGENCY MEDICAL CARE:** If sudden illness or serious medical emergency should occur and I (parent/guardian) can not be reached, I hereby authorize the person in charge to call my child's physician or dentist or take my child to the nearest emergency medical facility.

<b>PRINTED</b> Parent/Guardian name	<i>Signature</i>	Date
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**Authorization for LEAVING SCHOOL PROPERTY:** I hereby authorize Trinity Lutheran School authorized personnel to take my child from the school facility for the following walking activities:

- 1.) \_\_\_\_\_ Walking around the school block,
- 2.) \_\_\_\_\_ Walking to Holliday Park.

<b>PRINTED</b> Parent/Guardian name	<i>Signature</i>	Date
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**INFORMATION RELEASE:** I hereby authorize Trinity Lutheran School to release the following information in the form of classroom lists and/or a school-wide directory: 1.) \_\_\_\_\_ address, 2.) phone/cell #. \_\_\_\_\_ 3.) email address. \_\_\_\_\_

<b>PRINTED</b> Parent/Guardian name	<i>Signature</i>	Date
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**PHOTO RELEASE:** I hereby give permission to Trinity Lutheran Church & School for my child to be photographed for : 1.) \_\_\_\_\_ internal school purposes, 2.) \_\_\_\_\_ any school promotion (e.g., brochure, web site) distributed outside school, 3.) \_\_\_\_\_ out side newspaper, magazine, television/cable reporting sources.

<b>PRINTED</b> Parent/Guardian name	<i>Signature</i>	Date
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**\*Document Distribution:** *If some one else has the right, and wishes to receive documents pertaining to your child's education, please complete the Document Release below.*

**DOCUMENT RELEASE:** I designate \_\_\_\_\_  
Name relationship to student

at \_\_\_\_\_ to receive copies of all documents produced by  
address—where documents are to be sent. Trinity Lutheran School (e.g. notification letters, report cards, etc.).

<b>PRINTED</b> Parent/Guardian name	<i>Signature</i>	Date
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**CUSTODY INFORMATION —** If applicable: I have provided legal documents, pertaining to my child's custody, to Trinity Lutheran School for my child's school file.

On file.	<input type="checkbox"/>
Int. by:	<input type="checkbox"/>

<b>PRINTED</b> Parent/Guardian name	<i>Signature</i>	Date
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