



Student Name: _____

Sex _____ DOB _____

Grade _____

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 1st or 2nd (circle 1)

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

Work phone: _____

Cell Phone: _____

Email: _____

Mother's Name - notify 1st or 2nd (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.

PRINTED 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.

PRINTED 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. _____

PRINTED 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.

PRINTED 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.).

PRINTED 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"/>

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