

PLEASE PRINT

Grace Lutheran School

Please, immediately contact the school office with any changes.

School Records Information Card

Date completed: _____ Modifications: _____

Child's full name _____ D.O.B. _____ Grade _____

Address _____

Street address

City, State

Zip Code

Health information:

Doctor _____

Dentist _____

Health insurance _____

Allergies _____

Medications _____

Mother's name _____

Father's name _____

Home _____

Home _____

Work _____

Work _____

Cell _____

Cell _____

E-mail _____

E-mail _____

Address _____

Address _____

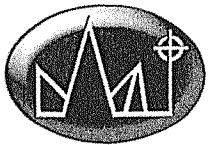
Emergency contacts:

Phone number:

In the event of an emergency whereby I cannot be reached, I grant Grace Lutheran Church and School permission to obtain the necessary treatment.

Parent/Guardian signature _____

PLEASE SEE OTHER SIDE



Grace Lutheran School Authorization to Release Card

Please, immediately contact the school office with any changes.

The following person(s) have permission to pick-up _____
from Grace Lutheran School. *(Child's name)*

Name:

Father's/guardian's signature

Mother's/guardian's signature

Relationship to child:

Date

Date