



A ministry of Bethlehem Lutheran Church
Student Information Form

Student Information:

Child's Name

Date of Birth

Home Address

City

State

Zip

Allergies or Other Concerns

1. _____
Parent/Legal Guardian's Full Name/Relationship

2. _____
Parent/Legal Guardian's Full Name/Relationship

Home Phone

Cell

Home Phone

Cell

Address (if different from student)

Address (if different from student)

City

State

Zip

City

State

Zip

Parents' Employer

Work Phone

Parents' Employer

Work Phone

E-mail

E-mail

Persons authorized to pick up your child:

Name

Relationship

Name

Relationship

Name

Relationship

Name

Relationship

*Custody papers will need to be on file in cases where required. Photo ID is required for anyone who is unknown to our staff.

Additional Emergency Contacts (other than parents):

Name

Relationship

Phone

Name

Relationship

Phone