

MASTER RECORD INFORMATION FOR
ALTAMONT LUTHERAN INTERPARISH SCHOOL

CHILDREN TO BE ENROLLED: (Name, Grade, Date of Birth, Date of Baptism)

INFORMATION REGARDING PARENTS:

Father's name and occupation: _____

Mother's name and occupation: _____

Mother's church _____ Father's church _____

Home address _____

Mother's work phone: _____ Father's work phone: _____

Family doctor: _____ Family dentist: _____

Emergency Phone Number: _____ Home Phone _____

Name and relationship of above listed emergency number _____

Other pre-school children in family (list name, date of birth and baptism date)

Additional information which would be helpful to the teacher:

Medical history: _____

When a health problem arises, I would like the teacher to contact me whenever:

_____ A. She/he feels it necessary in the teacher's opinion.

_____ B. "A" above and whenever it pertains to _____

_____ C. Always, no matter what the problem, and I will decide what to do.