



Altamont Lutheran Interparish School Registration Form

Please Print – Complete Both Pages

STUDENT INFORMATION

Last Name	First Name	Middle Name	Sex M/F	Student Social Security #	Student Birthdate
Student born out of USA? Y/N	Yes, date of entry into USA	Home Phone Number	Unlisted Y/N	English main language at home? Y/N	Language(s) Spoken at home other than English
Person claiming legal responsibility	Both Parents Mother Only Father Only Other	Other Explain	Student With	Both Parents Mother Father Mother/Stepfather Father/Stepmother Other	Other Explain Migrant Y/N
Residence Address	City	State	Zip	Ethnic Origin	White Am. Indian/Alaskan Hispanic Asian/Pac. Island Black
School District	Band Student Y/N				
Mail Will Be Addressed To First Parent/Guardian Name:					
#1 Parent/Guardian Last Name	First Name	Relationship to Student	Home Address if Different Than Student's		
Employer/City	Work Phone	Cell Phone	Email		
Marital Status: Married/Divorced/Separated/Living Together/Not Married				Other Information We Need To Know	
#2 Parent/Guardian:					
Parent/Guardian Last Name	First Name	Relationship to Student	Home Address if Different Than Student's		
Employer/City	Work Phone	Cell Phone	Email		
Student Emergency Information – Local persons to call in an emergency other than parent (list 2)					
#1 Emergency Name/Phone/Relationship			#2 Emergency Name/Phone/Relationship		
Daycare/Sitter Name			Phone Number		
Sibling Information					
List name, age and relationship of all siblings (brother/sister/stepmother/stepbrother)					
Church Information					
Mother's Church			Father's Church		
Student's Church			Date of Student's Baptism		
Busing Information					
If your child needs Pick-Up or Drop-Off OTHER THAN HOME, please complete the information below.					
Pick-Up Address			Drop-Off Address		
Parent/Guardian Signature (REQUIRED)			Date		

PLEASE FILL OUT AND SIGN AND DATE THE BACK SIDE OF THIS PAGE

Medical History	
Family Physician Name/Phone Number	Family Dentist Name/Phone Number
<p>_____ If a health problem arises, I would like the teacher to contact me whenever:</p> <p>A. She/he feels it necessary in the teacher's opinion.</p> <p>B. "A" above and whenever it pertains to _____.</p> <p>C. Always, no matter what the problem, and I will decide what to do.</p>	
Does your child have any known allergies? Y/N – List/Explain	
Does your child have any vision/hearing or physical limitations? Y/N – List/Explain	
Does your child any chronic illnesses? (Diabetes, asthma, seizures) Y/N – List/Explain	
Does your child have any restrictions? Y/N – List/Explain	
Is your child on medication? Y/N – List/Explain	
Any other information that may be helpful to A.L.I.S., or my child's teacher:	
Photo Release Form	
It is necessary for us to have a release form on file in the event that we would use a student's picture for any promotional reason.	
ALIS needs to keep one for each student enrolled in our school.	
I hereby give Altamont Lutheran Interparish School the unqualified right and permission to reproduce, copyright, publish, circulate or otherwise use any school pictures of my child produced by A.L.I.S. This authorization and release covers the use of said school pictures in any published form and any media of advertising publicity. I also understand that our school may be identified by name and I fully understand that this is a complete release of all claims against A.L.I.S. I hereby warrant that I am free to give this information.	
Field Trip Permission	
Completion is required for ALL field trips/excursions. Instructions about transportation and meals will be distributed prior to the trip.	
I give permission for my child to participate in any and all field trips/excursions. I agree to instruct my child to cooperate and conform with directions of supervisory personnel in charge of the field trip. I understand that all A.L.I.S. rules will be in effect for the entire duration of this activity. Should it be necessary for my child to have medical treatment while participating in this trip, I hereby give the school personnel permission to use their judgment in obtaining a medical service for my child, and I give permission to the physician selected by the school personnel to render medical treatment deemed necessary and appropriate by the physician. I agree to relieve the school and other participating adults from any liability in connection with this request. I understand that my insurance benefits have limited application. Students are expected to be dressed accordingly. Transportation may be by private car, bus, van, or walking.	
<u>PEST CONTROL NOTIFICATION</u>	
Non-spraying intervention will be done at Altamont Lutheran Interparish School in very restrictive areas. If you have any questions or concerns please call A.L.I.S.	
By signing this paper:	
<ul style="list-style-type: none"> • You have read and agree to the Photo Release Form. • You have read and agree to the Field Trip Permission Form. • You have been notified that non-spraying intervention for pest control in very restrictive areas will be done. 	
Parent/Guardian Signature (REQUIRED)	Date