



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 Black Am. Indian/Alaskan Hispanic Asian/Pac. Island
Mail Will Be Addressed To First Parent/Guardian Name:					
#1 Parent/Guardian Last Name	First Name	Work Phone/Ext.	Relationship to student		
Employer	Employer City	Cell Phone	Pager		
Marital Status: Married/Divorced/Separated/Living Together/Not Married				Other Information We Need To Know	
#2 Parent/Guardian:					
Parent/Guardian Last Name	First Name	Work Phone/Ext.	Relationship to student	Marital Status	
Address	City	State	Zip		
Employer	Employer City	Cell Phone	Pager		
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		

Grandparent Information

Grandparent Name/Address/Phone/Email

Grandparent Name/Address/Phone/Email

Grandparent Name/Address/Phone/Email

Grandparent Name/Address/Phone/Email

Medical History

Family Physician Name/Phone Number

Family Dentist Name/Phone Number

_____ If 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.

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

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.

Parent/Guardian Signature (REQUIRED)

Date

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.

_____ I DO NOT give permission for my child to participate in any field trip/excursion. My child will remain in a classroom situation and will be required to turn in alternative school work at the teacher's direction.

_____ I request the following limitations:

Parent/Guardian Signature (REQUIRED)

Date

Any other information that may be helpful to A.L.I.S. or my child's teacher: