

Good Shepherd Lutheran Church
2017-2018 Student Information Form

Child's First Name: _____ Last Name: _____

Grade: _____ Age: _____ DOB: _____ Baptism Date: _____ Gender: _____

School: _____ Cell Phone (if applicable): _____

Parent/Guardian Name: _____

Street Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Sunday Morning Contact Information (if different than parent named above):

Name: _____ Cell Phone: _____

Photo Release

I/We, the undersigned, grant Good Shepherd Lutheran Church unrestricted rights to use, alter, and reproduce any images (still and video) from events, in any medium without compensation, including on our GSLC website, including both secure (members only, password protected) and non-secured sections.

_____ Yes _____ No

Signature of Parent/Guardian: _____ **Date:** _____

Allergies, medical concerns or dietary restrictions: _____

Interests: _____

Is there anything else you'd like us to know about your child? _____
