

# ST. LUKE'S EPISOCPAL SCHOOL ENROLLMENT FORM

## Student's Information:

Student's Full Name: \_\_\_\_\_  
Preferred Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_  
SSN: \_\_\_\_\_ Race: \_\_\_\_\_ Blood Type: \_\_\_\_\_

## Primary Family Information:

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
Home Phone: \_\_\_\_\_

## Father's Information:

Father's Full Name: \_\_\_\_\_  
Preferred Name: \_\_\_\_\_ Title: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Mobile: \_\_\_\_\_ Company Name: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Ext: \_\_\_\_\_  
Fax: \_\_\_\_\_ Business E-mail: \_\_\_\_\_  
Emergency Contact:  Allowed to pick up child:

## Mother's Information:

Mother's Full Name: \_\_\_\_\_  
Preferred Name: \_\_\_\_\_ Title: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Mobile: \_\_\_\_\_ Company Name: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Ext: \_\_\_\_\_  
Fax: \_\_\_\_\_ Business E-mail: \_\_\_\_\_  
Emergency Contact:  Allowed to pick up child:

**Secondary Family Information:**

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
Home Phone: \_\_\_\_\_

**Father's Information:**

Father's Full Name: \_\_\_\_\_  
Preferred Name: \_\_\_\_\_ Title: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Mobile: \_\_\_\_\_ Company Name: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Ext: \_\_\_\_\_  
Fax: \_\_\_\_\_ Business E-mail: \_\_\_\_\_  
Emergency Contact:  Allowed to pick up child:

**Mother's Information:**

Mother's Full Name: \_\_\_\_\_  
Preferred Name: \_\_\_\_\_ Title: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Mobile: \_\_\_\_\_ Company Name: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Ext: \_\_\_\_\_  
Fax: \_\_\_\_\_ Business E-mail: \_\_\_\_\_  
Emergency Contact:  Allowed to pick up child:

**Emergency Contact Information:**

Name: _____	Relation: _____	
Home Phone: _____	Business: _____	Mobile: _____
Name: _____	Relation: _____	
Home Phone: _____	Business: _____	Mobile: _____
Name: _____	Relation: _____	
Home Phone: _____	Business: _____	Mobile: _____

**Medical Contact Information:**

Physician: _____	Phone: _____
Physician Address: _____	
Dentist: _____	Phone: _____
Hospital: _____	Phone: _____
Insurance: _____	Phone: _____
Policy Number: _____	

**Pickup Information:**

Name: _____	Phone: _____
DL #: _____	Tag #: _____
Notes: _____	
Name: _____	Phone: _____
DL #: _____	Tag #: _____
Notes: _____	
Name: _____	Phone: _____
DL #: _____	Tag #: _____
Notes: _____	

**ST. LUKE'S EPISCOPAL SCHOOL**  
**Additional Student Information and Parental Permission Form**

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Class Choice (Circle One):

<b>18 mo-2 1/2:</b> 2 days / 3 days / 5 days	<b>2 1/2- 3:</b> 2 days / 3 days / 5 days
<b>3 yr old:</b> 2 days / 3 days / 5 days	<b>4 yr old:</b> 3 days / 5 days
<b>Kindergarten</b> 5 days	<b>1st Grade</b> 5 days
<b>2nd Grade</b> 5 days	

Does your child have any food allergies? Yes No

If yes, please describe them: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Does your child have any special needs? Yes No

If yes, please describe them: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If you have court paperwork or child custody directives, please indicate that here and make sure you leave instructions with the Director. \_\_\_\_\_  
 \_\_\_\_\_

Do we have permission to give emergency treatment and/or transport your child for emergency medical care? Every attempt will be made to call you if this becomes necessary.	Yes	No
Does your child have permission to work in the computer lab?	Yes	No
May photographs/video of your child be in the newspaper, social media or on the school website?	Yes	No
Do we have permission to apply sunscreen to your child?	Yes	No

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_