

Start Date: _____

Grade: _____

2019-2020 Master Record Information Sheet

Student Name: _____ Social Security Number : _____

Date of Birth: _____ Place of Birth: _____ Ethnic Group: _____

Address: _____ Zip _____

Phone: _____ Mom Cell: _____ Dad Cell: _____

Email: _____ Email: _____

Custodial Rights: _____ Adopted: Yes No

Home Church: _____ Denomination: _____ City/State: _____

Date of Baptism: _____ Church where Baptized: _____ City/State: _____

Father's Name: _____ Social Security Number: _____

Ethnic Group: _____ Marital Status: _____ Home Church: _____

Place of employment: _____ Work Phone: _____

Living with Child: Yes No [Different Address/Phone/Email than listed above?] List here: _____

Mother's Name: _____ Social Security Number: _____

Ethnic Group: _____ Marital Status: _____ Home Church: _____

Place of employment: _____ Work Phone: _____

Living with Child: Yes No [Different Address/Phone/Email than listed above?] List here: _____

Emergency/Pick Up Information:

Doctor's Name: _____ Preferred Hospital: _____

*Does your child have asthma? Yes No (If "Yes" please attach to this form an asthma action plan from your doctor.)

*Health information we should be aware of (allergies, diabetes, etc.) or other information you feel would be helpful in working with your child:

*Please check which guardian should be notified first in an emergency: Father Mother Other _____

Persons to notify in the event parents cannot be reached in an emergency: _____ Authorized to pick up?

Name: _____ Relationship: _____ Phone #: _____ Cell #: _____ Yes No

Name: _____ Relationship: _____ Phone #: _____ Cell #: _____ Yes No

Name: _____ Relationship: _____ Phone #: _____ Cell #: _____ Yes No

Name: _____ Relationship: _____ Phone #: _____ Cell #: _____ Yes No

Name: _____ Relationship: _____ Phone #: _____ Cell #: _____ Yes No

Name: _____ Relationship: _____ Phone #: _____ Cell #: _____ Yes No

Name of Sibling: _____ Date of Birth: _____

Name of Sibling: _____ Date of Birth: _____

Name of Sibling: _____ Date of Birth: _____

Name of Sibling: _____ Date of Birth: _____

* **May we use your child's picture in newsletters and promotional material shared with school families and other families interested in our school program or mailed to residents in the community? Yes No**

Authorization for Activities off the School Grounds

We, the undersigned parents/guardians of the above named participant, grant permission for the participant to participate in field trips and/or sports events away from the school grounds and supervised by the teaching staff and/or designated coach. If there is some event which we feel our child should not participate, we will notify the school in writing prior to the event. If the event takes place during a normal school day, my child will be assigned to another classroom. We represent to you that our child, the participant, is physically and mentally able to participate in these activities.

We understand the activities present the risk of injury, or even death, to the participant, and we have advised the participant of those possibilities. We represent to you that we and the participant assume the risk of any such injury or death, and hold you, your agents, employees, and representatives harmless from any liability for injury or death to the participant while engaged in these activities which are caused or contributed to by the conduct of the participant, and agree to indemnify and defend you against any claim or liability asserted against you for any such injury or death to participant.

We also hold you, your agents, employees, and representatives harmless from all liability to any other person or entity arising as a result of the conduct of the participant in this activity and agree to defend and indemnify you, your agents, employees, and representative against any claim or liability arising as a result of such conduct.

If we are not personally present at these activities in which the participant is to participate, so as to be consulted in the case of necessity, you are authorized on our behalf to arrange for such medical and hospital treatment as you may deem advisable for the health and well being of the participant. I also agree to accept responsibility for the cost of above medical services.

Initials of Parent/Guardian _____

Initials of Parent/Guardian _____

Concordia Lutheran School Computer Technology Acceptable Use Policy

I have read (or listened to) and understand the policy and agree to follow the rules contained in this policy. I understand that if I do not follow the rules, my computer privileges will be terminated either temporarily or permanently and I will possibly face other disciplinary action.

Signature of Student _____ **Date** _____

As the parent or legal guardian of the minor student signing above, I grant permission for my son or daughter to use Concordia Lutheran School's computers and other technology equipment, and access networked computer services. I understand that although a teacher is present during class, the teacher can not at all times control what my child is exposed to. I also understand that individuals and families may be held liable for malicious damages and violations of the acceptable use policy.

Initials of Parent/Guardian _____

Initials of Parent/Guardian _____

I have read the Registration Form information above and the Parent and Student Handbook 2019-2020, and I agree to abide by the policies and procedures as printed therein.

Signature of Parent/Guardian _____ Date _____

Signature of Parent/Guardian _____ Date _____

