

**Student Information:**

Last Name: _____	First Name: _____	Grade: _____
Medications: _____		*Allergy: _____
Last Name: _____	First Name: _____	Grade: _____
Medications: _____		*Allergy: _____
Last Name: _____	First Name: _____	Grade: _____
Medications: _____		*Allergy: _____

*\* If your child has a severe allergy, please speak with your child's teacher regarding emergency procedures.*

**Parent Contact Information:**

Name: _____	Relationship to Student: _____	Phone: _____
Additional Contact info: Place of Employment, phone #, etc. _____		
Name: _____	Relationship to Student: _____	Phone: _____
Additional Contact info: Place of Employment, phone #, etc. _____		

**Should a parent/guardian not be able to be reached, please contact the following:**

Name: _____	Relationship to Student: _____	Phone: _____
Additional Contact info: Place of Employment, phone #, etc. _____		

**Medical Information:**

Name of Physician/Medical Center: _____	Phone: _____
Insurance Provider: _____	Insurance #: _____

**Early School Dismissal Procedure:**

Early dismissal info will be sent out as a FastDirect text message. Please contact the office if you are not able to receive such a message.

In the event that school should close early due to weather or other unscheduled events, I request the following:

\_\_\_\_ My child is to follow the same end of day procedure as a regular school day.

\_\_\_\_ My child should be directed to do the following: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Authorization for Emergency & Treatment:**

I authorize school personnel to transport my son/daughter to a physician's office and/or emergency room for treatment in the event that emergency medical care is needed while he/she is involved in either co-curricular or extra-curricular activities. Further, I authorize the Physician and Hospital Staff to treat my son/daughter as they deem necessary in the emergency situation. The above authorization will help assure that your child will begin receiving emergency medical treatment should they have a broken bone or other non-life-threatening situations and you are not able to be contacted to authorize treatment for your child.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Media Release Form**

St. Peter’s Lutheran School requests that each parent or guardian mark the appropriate box below, sign and return this permission slip indicating whether your child's work, name or image may be used for school media purposes. Media may be in the form of, but not limited to, a public newspaper, radio, television, or on the St. Peter’s Lutheran School’s website or Facebook page. Please complete this form and return it.

**I DO** grant permission to have my child published in any school-related media, including a recognizable image, still or video, original work created by my child, or use of my child’s name in connection with said image, in a local newspaper, news broadcast or on the school’s website / Facebook page in connection with any event, award, or activity related to St. Peter’s Lutheran School.

**I DO NOT** grant permission to have my child published in any school-related media, including a recognizable image, still or video, original work created by my child, or use of my child’s name in connection with said image, in a local newspaper, news broadcast or on the school’s website / Facebook page in connection with any event, award, or activity related to St. Peter’s Lutheran School.

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**Parent Statement of Cooperation**

The 2017 - 2018 St. Peter’s Lutheran School Parent/Student Handbook is available online for you to review at [www.stpetersreedsburg.com](http://www.stpetersreedsburg.com). I understand that I am responsible for becoming familiar with the information and policies in this handbook, and sharing this information with my child(ren). I further understand I should contact the school if I have any questions or concerns regarding the information in this handbook.

\_\_\_\_\_

Print Family Name	Signature	Date
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**Family Directory Form**

Family Name: \_\_\_\_\_ Father’s Name: \_\_\_\_\_ Mother’s Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

*St. Peter’s Lutheran School has permission to publish the information listed above in the  
2017 - 2018 Family Directory: \_\_\_\_ YES \_\_\_\_ NO*

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**Early Dismissal / Event Reminder Information**

Early Dismissal information, event reminders, etc., will be communicated to families through FastDirect text messaging. Please provide the following information to be able to receive these messages.

\_\_\_\_ Text Message to the following cell phone number: (\_\_\_\_) \_\_\_\_\_  
My cell phone provider is: \_\_\_\_\_  
\_\_\_\_ I do not want to receive FastDirect text messages.