

St. Peter's Lutheran School
EMERGENCY INFORMATION
2009-2010

Student Information:

Name: _____
last name first name initial legal last name (if different)

Mailing address: _____ City: _____ State: _____ Zip: _____

Home phone: _____ Date of birth: _____ Grade: _____ Teacher: _____

Parent/Guardian Information:

Mother: _____ Occupation: _____ Employer's Name: _____

Mailing address: _____ City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____ Cell/beeper number: _____

Father: _____ Occupation: _____ Employer's Name: _____

Mailing address: _____ City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____ Cell/beeper number: _____

Step Parent/Guardian: _____ Occupation: _____ Employer's Name: _____

Mailing address: _____ City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____ Cell/beeper number: _____

Custody of Student: _____

Parent email: _____

In case of illness, emergency or accident and the parent/guardian cannot be located; the following adults are authorized to act on behalf of the parent/guardian. (Please enter two names).

1. Name: _____ Address: _____
Phone: _____ Relationship to child: _____

2. Name: _____ Address: _____
Phone: _____ Relationship to child: _____

3. Name: _____ Address: _____
Phone: _____ Relationship to child: _____

St. Peter's Lutheran School
AUTHORIZATION TO PICK UP STUDENT
2009-2010

Child's Name: _____

Please list ALL persons authorized to pick up our child from school.

Mother's Name: _____

Father's Name: _____

<i>Name</i>	<i>Address</i>	<i>Daytime Phone</i>	<i>Relationship to child</i>

To insure the safety of your children, students in the preschool through 5th grades must be signed out of the classroom.

Parent's Signature: _____ Date: _____