

Does one of the child's parents live at another address: Yes [] No []

Name: _____
Last First Middle

Address: _____
Street Address City Zip Code Phone No.

Child lives with: Both Parents [] Mother [] Father [] Guardian [] Foster []

Is one of the child's parents remarried: Yes [] No []

The child's mother is remarried to: _____

Street Address City Zip Code Phone No.

Issues we need to be aware of: _____

The child's father is remarried to: _____

Street Address City Zip Code Phone No.

Issues we need to be aware of: _____

What other members of the household are living in the home besides the children?

Does the child have a: Hearing difficulty? _____

Defect of vision? _____

Speech defect? _____

This information was supplied by: _____

Date

Word of Life Ev. Lutheran School-Milwaukee, WI Student Profile

Please read the information below and write any corrections to the right of each answer in the "Corrections" column.

General Information	Current Record	Corrections
Student's Name:		
Home Address:		
Home Phone:		
Birth Date:		
Gender:		
Ethnicity:		
District of Residence:		
Second Address for School Mailings:		
Church Affiliation:		
Church Name:		
Pastor(s):		
Baptism Date:		
Student Cell Phone:		
Guardian Information	Current Record	Corrections
Mother		
Employer:		
Work Phone/Cell Phone:		
Email Address:		
Church Affiliation		
Church Name:		
Father		
Employer:		
Work Phone/Cell Phone:		
Email Address:		
Church Affiliation		
Church Name:		
Stepmother/Guardian		
If guardian, relationship to student:		
Employer:		
Work Phone/Cell Phone:		
Email Address:		
Church Affiliation		
Church Name:		
Receives Report Card:		
Stepfather/Guardian		
If guardian, relationship to student:		
Employer:		
Work Phone/Cell Phone:		
Email Address:		
Church Affiliation		
Church Name:		
Receives Report Card:		
Resides With:		
Custody:		

Doctor/Dentist Information	Current Record	Corrections
Doctor's Name:		
Doctor's Phone:		
Doctor's Location:		
Dentist's Name:		
Dentist's Phone:		
Dentist's Location:		

Health History	Current Record	Corrections/Additions
List allergies:		
Special Health Considerations:		
List medication administered at home:		
List medication administered at school:		
Wears corrective lenses?		
Hearing aids?		
Asthma?		
Diabetes?		
Frequent Ear Infections?		

In an **EMERGENCY** situation when we cannot reach you, please list at least two people who have agreed to take responsibility for your child and consented to the release of their address and phone numbers so we may reach them as an alternative.

Emergency contact person(s)	Current Record	Corrections
Name and phone of first contact:		
Relationship to student:		
Name and phone of second contact:		
Relationship to student:		
Name and phone of third contact:		
Relationship to student:		
Name and phone of fourth contact:		
Relationship to student		

If deemed necessary, your student will be sent to your family doctor or emergency room at parent/guardian's expense. As a parent/guardian, I authorize medical personnel to render necessary medical treatment to my child. I give consent to release this information to Word of Life Ev. Lutheran School-Milwaukee, WI, personnel to promote the health and safety of my child, thus enhancing her ability to learn.

Signature required: _____ Dated: _____
The above signature acknowledges that I have read and consent to the above.

Permissions (Please write yes or no for each of the following requests.)			
May administer non-aspirin:			
I grant permission for my child to go on walking field trips:			
I grant permission for the school to use pictures of my child(ren) in our school publications:			
I grant permission to list in the school directories:	Phone:	Email:	Address:

I have reviewed and revised my students information. _____
 (Signature Required Here)

 (Today's Date)

General Waivers

Word of Life Lutheran School

_____ I hereby give my child permission to participate in all class outings during the entire school year. I will not hold the school, driver or any chaperon responsible for any accident; realizing that extreme supervision will be exercised.

This permission slip eliminates the need for separate permission slips to be sent home for every class outing. The details of class trips or activities where your child will leave school grounds will be included in the weekly school newsletters or via email.

_____ My child plans to participate in at least one sport next year. All sports are run in connection with St. John's Lutheran School on 68th Street and Forest Home Avenue.

In consideration of the opportunity to be a Word of Life / St. John athlete and participate in sporting activities, I, on behalf of my child, hereby agree to release, indemnify and hold harmless Word of Life Lutheran School and St. John's Lutheran School, or any facilities and their representatives that we use from any responsibility of liability for personal injury, including death, and damage to or loss of property that my child will incur while traveling to or from, engaged in practice or competition, being coached, triaged by trainers, using or operating equipment or otherwise participating in a sporting activity.

I understand that sporting activities are coached by Wisconsin Evangelical Lutheran members, who may be school employees, parents or former team members and who either volunteer their services or are employed by Word of Life or St. John's Lutheran School.

I agree to be financially liable for the safe return of all athletic equipment issued to my child.

In addition, I understand that Word of Life Lutheran School and St. John's Lutheran School do not provide medical insurance coverage.

I also understand that in the case of an injury, I will be contacted about appropriate course of action. If I am not available at the time of emergency, representatives of Word of Life or St. John's have permission to seek, administer or have administered first aid or emergency medical care deemed necessary for my child's welfare. I understand that I, not Word of Life Lutheran School or St. John's Lutheran School, will be responsible for any and all charges for such health services.

I certify that, to my knowledge, my child has no medical reason why my child cannot safely participate in sporting activities. I verify that I was reminded of my responsibility to consult a physician to ensure that my child is healthy enough to participate in sports. I know that I should provide the school a copy of my child's physical examination every two years.

_____ I agree to allow Word of Life Lutheran School to post pictures and videos of my child on the website www.wordoflifeschool.com or on their Facebook page. These photos or videos will be posted for the purpose of sharing school activities and advertising the mission of the school. Names will never be posted on either of these social media sites. No other social media sites will be used by the school.

_____ My child will be participating in the free school breakfast on a regular basis. It is my responsibility to contact the school when my child will not be participating. I will also report financial information to the school required by the State of Wisconsin.

_____ My child will be participating in the school lunch on a regular basis. It is my responsibility to contact the school when my child will not be participating. I will also report financial information to the school required by the State of Wisconsin.

Milk preference _____ white _____ chocolate Special dietary needs _____

Parent's Name Printed _____

Child's Name Printed _____

Parent's Signature _____

Date _____

3-13-19

blue