

Bethany Lutheran School - Kenosha 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:		
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 Bethany Lutheran School - Kenosha 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)