

FAMILY INFORMATION FORM

FAMILY NAME: _____

Name of Home Church: _____

Name of Public School District: _____

Address: _____

Father/Guardian's Name (First & Last): _____

Cell Phone: _____ Other Phone: _____

Email: _____

Mother/Guardian's Name (First & Last): _____

Cell Phone: _____ Other Phone: _____

Email: _____

STUDENTS ATTENDING BETHANY

Name: _____ Grade: _____

Photo Permission (Circle all that apply): Classroom Pictures Social Media Website

Name: _____ Grade: _____

Photo Permission (Circle all that apply): Classroom Pictures Social Media Website

Name: _____ Grade: _____

Photo Permission (Circle all that apply): Classroom Pictures Social Media Website

EMERGENCY CONTACT/PICK-UP AUTHORIZATION

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

TO WHOM IT MAY CONCERN:

If an emergency should arise during my absence, I want my child(ren) listed on this form as attending Bethany Lutheran School to be given medical treatment deemed necessary by the examining physician.

Signature of Parent/Legal Guardian: _____ Date: _____

Insurance Company Name: _____

Policy Number: _____ Phone Number: _____