

STUDENT and FAMILY EMERGENCY INFORMATION FORM
THIS FORM MUST BE TURNED IN BEFORE THE 1ST DAY OF SCHOOL

PLEASE PRINT INFORMATION CLEARLY
CHILD'S LAST NAME: _____

CHILD #1

NAME: _____ Sex: Male ___ Female ___ Baptized: Yes ___ No ___

Date of Birth: _____ Grade Entering: _____ Extended care: Yes ___ No ___

Medical Concerns: _____

CHILD #2

NAME: _____ Sex: Male ___ Female ___ Baptized: Yes ___ No ___

Date of Birth: _____ Grade Entering: _____ Extended care: Yes ___ No ___

Medical Concerns: _____

CHILD #3

NAME: _____ Sex: Male ___ Female ___ Baptized: Yes ___ No ___

Date of Birth: _____ Grade Entering: _____ Extended care: Yes ___ No ___

Medical Concerns: _____

CHILD 4

NAME: _____ Sex: Male ___ Female ___ Baptized: Yes ___ No ___

Date of Birth: _____ Grade Entering: _____ Extended care: Yes ___ No ___

Medical Concerns: _____

FAMILY INFORMATION:

please indicate child's primary address is with Both Mother Father Other

FATHER'S NAME: _____ E-Mail: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone _____
(area code) phone number

Employer _____ Occupation _____

Father's Work Phone: _____
(area code) phone number

MOTHER'S NAME: _____ E-Mail: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone _____
(area code) phone number

Employer _____ Occupation _____

Mother's Work Phone: _____
(area code) phone number

LEGAL GUARDIAN: _____ E-Mail: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone _____
(area code) phone number

Employer _____ Occupation _____

Guardian's Work Phone: _____
(area code) phone number

additional information needed on other side >>>>>>>>

IMPORTANT FAMILY INFORMATION THAT THE TEACHER AND ADMINISTRATION SHOULD KNOW: _____

Authorized people to pick-up child(ren)

_____	_____
Name	Relation
_____	_____
Name	Relation
_____	_____
Name	Relation
_____	_____
Name	Relation

IN CASE OF EMERGENCY (only if the parent cannot be reached) CONTACT

1. _____	_____	Telephone _____
Name	Relation	(area code) phone number
2. _____	_____	Telephone _____
Name	Relation	(area code) phone number
3. _____	_____	Telephone _____
Name	Relation	(area code) phone number

DISMISSAL PROCEDURE:

Generally, students are not allowed to leave the school campus until picked up by an adult. Occasionally a student is allowed to walk home or on occasion go to the library. In order for St. Philip to allow student to leave the campus without an adult we will need your permission.

Please check the appropriate box(s)

I give permission for my child(ren) to leave campus on his/her own (walk, ride bike) daily.

I will contact the school on occasion with permission for that day for my child to leave campus on his/her own.

Please realize that St. Philip cannot be responsible for children who leave campus on their own after school will reach their destination.

Parent/Guardian signature

Date

FAMILY NAME _____

Statistical Forms which we have to fill out ask the following information. You can greatly help us by checking the appropriate box(es).

Thank you!

PARENTS ARE MEMBERS OF:

St. Philip Lutheran Church

Other LC-MS Congregations

Other Lutheran Churches

Non-Lutheran Churches

No Church Membership

Name of Church: _____

Address: _____

City: _____ Pastor: _____

Membership Status:

Active

Non-Active

PART A: Is this student Hispanic/Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

No, not Hispanic/Latino

Yes, Hispanic/Latino

Bi-Racial

PART B. What is the student's race? Choose one or more

American Indian or Alaska Native (a person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.)

Asian (person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)

Black or African American (a person having origins in any of the black racial groups of Africa.)

Native Hawaiian or Other Pacific Islander (a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

White (a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

Language spoken at home: _____

THE PUBLIC (ELEMENTARY) SCHOOL CLOSEST TO OUR HOME IS:
