



## 2018/2019 Registration Form Trinity Lutheran School

915 S Dakota St. Aberdeen, SD 57401 | Church: 225-6081 | School: 229-4697 | trinityaberdeen.org

### STUDENT INFORMATION

Child's Full Name	Date of Birth	Grade Entering	Gender	Baptized?
			M or F	Y or N
			M or F	Y or N
			M or F	Y or N
			M or F	Y or N

### FAMILY INFORMATION

#### **Father/Guardian**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_

Home phone: \_\_\_\_\_

Business phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Church membership: \_\_\_\_\_

Children live with \_\_\_\_\_

Any special custody arrangements we should know about?  
\_\_\_\_\_

#### **Mother/Guardian**

Name: \_\_\_\_\_

Address (if different) \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_

Home phone (if different): \_\_\_\_\_

Business phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Church membership: \_\_\_\_\_

### MEDICAL INFORMATION

Dentist's Name/Number - \_\_\_\_\_

Doctor's Name/Number - \_\_\_\_\_

\*In serious medical need the staff, at their discretion, may send your child to Avera St. Luke's or Sanford Hospital. Parents are responsible for expenses associated with this action. To which hospital would you like your child sent?

Please circle: Avera/St. Luke's or Sanford

Do any of your children have any medical needs we need to be aware of?

Name of child: \_\_\_\_\_

Special Health Considerations: \_\_\_\_\_

Allergies: \_\_\_\_\_

Please list all medications this child is taking and reason for taking it : \_\_\_\_\_

\_\_\_\_\_

Name of child: \_\_\_\_\_

Special Health Considerations: \_\_\_\_\_

Allergies: \_\_\_\_\_

Please list all medications this child is taking and reason for taking it : \_\_\_\_\_

\_\_\_\_\_

Name of child: \_\_\_\_\_

Special Health Considerations: \_\_\_\_\_

Allergies: \_\_\_\_\_

Please list all medications this child is taking and reason for taking it : \_\_\_\_\_

\_\_\_\_\_

*\*Please feel free to attach additional sheets and/or documentation as needed.*

**EMERGENCY CONTACTS (Other than parents)**

Name	Relationship	Phone #	OK to pick up?
1.			Y or N
2.			Y or N
3.			Y or N

**PREVIOUS SCHOOL INFORMATION (For new students only)**

Previous school attended: \_\_\_\_\_

School address: \_\_\_\_\_

Were any of your children receiving special services at previous school? (i.e. special education or speech/language services?) \_\_\_\_\_

By signing below, you indicate that the information you provided on this registration document is true and accurate to the best of your knowledge.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date



\*Please notify the school if any of this information changes during the school year.

\*Kindergarten students and new students will need to present a copy of birth certificate and immunization records.