

Christ Lutheran School

2022-23 Student Information Sheet

Child's full name	Grade	Date of Birth
Address		
Street address	City, Stat	re Zip Code
Health information Check for 'Same as pr Doctor Dentist Health insurance Allergies Medications	Telephone Number Telephone Number Group Number	·
Family Information: Image: Check for 'Same as previous year, no change Parent/Guardian name Home Work Cell E-mail	Parent/Guar Home Work Cell	dian name
Primary Contact		
Emergency contacts: Name - phone number	•	
The following person(s) have permission to pick (Check for 'Same as previous year, no chan Name:	ages')	Christ Lutheran School. onship to child:
	<u></u>	
Father's/Guardian's Signature		Date

Date

Student Permission Form

Student Name: _____

School Directory: I hereby give permission to publish my name, child's name, address, home phone number, and e-mail address in the school directory which will only be made available to families of children enrolled at Christ Lutheran School and Christ Lutheran Church staff.

Yes _____ No (Please initial your selection)

Photo Release: I hereby consent that the photographs or videos taken throughout the school year may be used and indicated as follows. These pictures may be used in bulletin boards, in the school and/or church newsletter, school programs, art projects, memory books, end-of-year slide show and presentations made to those interested in the activities of the center.



It is okay to use photographs, etc. as described above.

It is okay to use photographs on the Christ Lutheran School website at www.clsop.org



It is okay to use my child's photograph on the Christ Lutheran School Facebook page.



I **do not** give my consent to have photographs of my child used by Christ Lutheran School in any way as specified above.

My signature affirms that I have given and/or denied my permission for the above items.

Parent/Guardian's Signature

Date