



Student Profile

GENERAL INFORMATION

Student's Name:	Student's Cell Phone:
Mailing Address:	
Birth Date:	County:
Gender:	Ethnicity:
Church Affiliation:	Church Name & Address:
Pastor(s):	Baptism Date:

PARENT CONTACT INFORMATION

Name:	Relationship:
Phone Number:	Email Address:
Mailing Address:	
Employer:	Work Number:
Select All Applicable: <input type="checkbox"/> Has Custody <input type="checkbox"/> Lives With <input type="checkbox"/> School Pickup <input type="checkbox"/> Emergency Contact	

Name:	Relationship:
Phone Number:	Email Address:
Mailing Address:	
Employer:	Work Number:
Select All Applicable: <input type="checkbox"/> Has Custody <input type="checkbox"/> Lives With <input type="checkbox"/> School Pickup <input type="checkbox"/> Emergency Contact	

EMERGENCY CONTACT INFORMATION

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 contact information so we may reach them as an alternative.

Name:	Relationship:
Phone Number:	Email Address:
Select All Applicable: <input type="checkbox"/> Has Custody <input type="checkbox"/> Lives With <input type="checkbox"/> School Pickup <input type="checkbox"/> Emergency Contact	

Name:	Relationship:
Phone Number:	Email Address:
Select All Applicable: <input type="checkbox"/> Has Custody <input type="checkbox"/> Lives With <input type="checkbox"/> School Pickup <input type="checkbox"/> Emergency Contact	

Name:	Relationship:
Phone Number:	Email Address:
Select All Applicable: <input type="checkbox"/> Has Custody <input type="checkbox"/> Lives With <input type="checkbox"/> School Pickup <input type="checkbox"/> Emergency Contact	

PERMISSIONS

May administer non-aspirin: <input type="checkbox"/> Yes <input type="checkbox"/> No
I grant permission for my child to go on walking field trips: <input type="checkbox"/> Yes <input type="checkbox"/> No
I grant permission for Illinois Lutheran to use pictures or video of my child in school publications, school website, and social network pages: <input type="checkbox"/> Yes <input type="checkbox"/> No
I grant permission to list in the school directories: Phone #: <input type="checkbox"/> Yes <input type="checkbox"/> No Email: <input type="checkbox"/> Yes <input type="checkbox"/> No Address: <input type="checkbox"/> Yes <input type="checkbox"/> No

HEALTH INFORMATION

Doctor's Name & Location:	Doctor's Phone:
Dentist's Name & Location:	Dentist's Phone:
List Allergies:	
Special Health Considerations:	
List medications administered at home:	
List medications administered at school:	
Wears corrective lenses: <input type="checkbox"/> Yes <input type="checkbox"/> No	Wears hearing aids: <input type="checkbox"/> Yes <input type="checkbox"/> No
Asthma: <input type="checkbox"/> Yes <input type="checkbox"/> No	Diabetes: <input type="checkbox"/> Yes <input type="checkbox"/> No
Frequent ear infections: <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 Illinois Lutheran Schools personnel to promote the health and safety of my child, thus enhancing my child's ability to learn.

Signature Required: _____ Date: _____
The above signature acknowledges that I have read and consent to the above.