

ST. JOHN' LUTHERAN SCHOOL - REGISTRATION FORM
206 EAST MAIN STREET
BUCKLEY, IL 60918 217-394-2422

SCHOOL USE ONLY
School Year _____
Grade Level _____
Birth Certificate _____
Registration Rec'd _____
St. John's Member _____

NAME OF CHILD: _____ Male Female

ADDRESS: _____
STREET ADDRESS MAILING ADDRESS(P.O. Box) Grade Level _____
CITY STATE ZIP CODE +4 E-mail _____

PHONE: ____/____ DATE OF BIRTH: _____ PLACE OF BIRTH: _____
CITY STATE

Adopted: ____ Yes ____ No Where Baptized: _____
Baptized: ____ Yes ____ No Date _____ Church City State

FATHER:
Name: _____

Occupation: _____

Church Affiliation: _____

Social Security Number: _____

STEP-FATHER:
Name: _____

Occupation: _____

Church Affiliation: _____

Social Security Number: _____

MOTHER:
Name: _____

Occupation: _____

Church Affiliation: _____

Social Security Number: _____

STEP-MOTHER:
Name: _____

Occupation: _____

Church Affiliation: _____

Social Security Number: _____

PARENTS/GUARDIAN: Married Separated Divorced Single Deceased

SISTERS or BROTHERS (Indicate whether male or female)

Name: _____

Birthdate: _____

IN CASE MY CHILD BECOMES ILL OR IS INJURED AT SCHOOL, I CAN BE REACHED BY CALLING:

Parent's Name	Location	Phone Number
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FATHER'S BUSINESS PHONE _____ MOTHER'S BUSINESS PHONE _____

IF NEITHER PARENT CAN BE REACHED, CALL FRIEND OR RELATIVE WHO IS:

Name of Friend or Relative	Location	Phone Number
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HEALTH/ACCIDENT INSURANCE COVERAGE: YES NO NAME OF COMPANY _____

IF BOTH OF THE ABOVE CANNOT BE REACHED, PLEASE CALL MY CHILD'S DOCTOR WHO IS:

Doctor's Name	City or Hospital	Phone Number
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IF NONE OF THE ABOVE ARE AVAILABLE WHEN NEEDED, I AUTHORIZE THE SCHOOL TO OBTAIN A DOCTOR OF THEIR CHOOSING.

DATE: _____ SIGNED _____

Please include with this form your non-refundable Registration Fee of \$150.00

ST. JOHN'S LUTHERAN SCHOOL
Buckley, Illinois 60918

EMERGENCY INFORMATION 2010-2011

STUDENT'S NAME: _____ HOME PHONE: _____

PARENT OR GUARDIAN'S NAME: _____

HOME ADDRESS: _____

If a child is ill or hurt, and no one is at home, whom shall we call first, second, etc.
(Please include parents' work phone and cell phone numbers)

1. NAME _____ PHONE NO. _____

ADDRESS _____

2. NAME _____ PHONE NO. _____

ADDRESS _____

3. NAME _____ PHONE NO. _____

ADDRESS _____

4. NAME _____ PHONE NO. _____

ADDRESS _____

Date: _____

In case of accident or serious illness, I request the school to notify me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below, and to follow his /her instructions. In an emergency and if it is impossible to contact this physician, the school may make whatever arrangement seem necessary.

Signature of parent or guardian _____

Local Physician's Name _____

Office Address _____

Office Phone No. _____ Home Phone _____