

Riverview Lutheran School Registration Form

Family Name: _____

Please print clearly in black or blue ink. Don't forget the back page!

| Student Full Legal Name (First, Middle, Last) | Grade | Date of Birth | Gender | Ethnicity* | Race** | City/County/State of Birth | Medical Concerns/Allergies |
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*Ethnicity: Is this student Hispanic or Latino? (Y=Yes, N=No)

**Race: Select one or more of the following categories that apply to this student: (B=Black or African American, A=Asian, I=American Indian/Alaskan Native, P=Native Hawaiian/Other Pacific Islander, W=White)

Father's Name: _____ Print in school directory? address? phone? email? none?

Cell Phone: _____ Home Phone: _____ Work Phone: _____ Email Address: _____

Address: _____

Employer: _____ Church Membership: _____

Mother's Name: _____ Print in school directory? address? phone? email? none?

Cell Phone: _____ Home Phone: _____ Work Phone: _____ Email Address: _____

Address: _____

Employer: _____ Church Membership: _____

Parental Status: Single Married Divorced Separated Either Deceased

Custody arrangements (Explain): _____

Emergency Contact: (Approved for release of child during school day.)

Name: _____ Relationship to Child: _____

Cell Phone: _____ Other contact numbers/types: _____

Name: _____ Relationship to Child: _____

Cell Phone: _____ Other contact numbers/types: _____

Health Insurance Provider: _____

Primary Insured: _____

Policy Number: _____

Consent for emergency treatment:

In the event that I cannot be reached in an emergency for my child, I hereby give permission to Riverview Lutheran staff to consent to any medical treatment or hospitalization deemed wise by a licensed physician or emergency team. I also agree to be liable for any and all cost involved in such treatment.

Parent Signature

___ / ___ / ___
Date