

# CHRIST-ST. JOHN'S LUTHERAN SCHOOL

500 Park St. West Salem, WI 54669 608-786-1250

## FAMILY PROFILE

### FATHER/GUARDIAN

Last Name \_\_\_\_\_  
First \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Occupation \_\_\_\_\_  
Employer \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Email Address \_\_\_\_\_  
Church Home \_\_\_\_\_

### MOTHER/GUARDIAN

Last Name \_\_\_\_\_  
First \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Occupation \_\_\_\_\_  
Employer \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Email Address \_\_\_\_\_  
Church Home \_\_\_\_\_

### STEP-PARENT

Name \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Employer \_\_\_\_\_

### STEP-PARENT

Name \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Employer \_\_\_\_\_

Student resides primarily with: [ ] Father [ ] Mother [ ] Both [ ] Other \_\_\_\_\_

If "Other", please specify address: \_\_\_\_\_

Name(s) of Children	Age	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### EMERGENCY CONTACTS

Name _____	Relation _____	Phone _____
Name _____	Relation _____	Phone _____
Family Physician/Clinic _____		Phone _____
Family Dentist/Clinic _____		Phone _____

**In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to make emergency care decisions for my child in his/her best interest.**

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**{PLEASE COMPLETE BOTH SIDES}**

**STUDENT PROFILE**

Date of Application \_\_\_\_\_ For School Year \_\_\_\_\_ Grade Entering \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Date of Birth \_\_\_\_\_ [ ] Male [ ] Female Date of Baptism \_\_\_\_\_ [ ] N/A

Ethnicity [ ] Hispanic [ ] Asian [ ] Black [ ] Caucasian [ ] Other \_\_\_\_\_

Special Educational Needs: [ ] Yes [ ] No Emotional or Psychological Needs: [ ] Yes [ ] No

Physical Handicaps or Limitations: [ ] Yes [ ] No Medications/Asthma, Allergies: [ ] Yes [ ] No

Has this student experienced any discipline/conduct problems, school suspension, grade retention, double promotion, etc.? [ ] Yes [ ] No

If yes to any of the above, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Last School Attended \_\_\_\_\_ How long? \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

How did you hear about Christ-St. John's? \_\_\_\_\_

Upon admission to Christ-St. John's Ev. Lutheran School, I/we as parent/guardian understand that:

1. We will observe the rules and regulations of the school as printed in the Christ-St. John's School Handbook.
2. The teacher has full discretion in the classroom discipline of my/our child(ren). (A copy of our discipline code is contained in the School Handbook and from each classroom teacher).
3. I/we assume financial responsibility for my/our child(ren) and agree to meet all financial obligations as due. We will sincerely and faithfully have the child apply himself/herself to the studies assigned.
4. Parents not members of the Wisconsin Evangelical Lutheran Synod will meet with pastors to be aware of the religious truths taught and practiced in the school.

**I have read and understand the above statements and give my consent to Mr. Nate Livingston, Principal of Christ-St. John's Lutheran School, to request my child's records.**

**Parent Signature \_\_\_\_\_ Date \_\_\_\_\_**

*Christ-St. John's Lutheran School admits students of any race, color, and national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, admission policies, or athletic and other school-administered programs. This institution is an equal opportunity provider.*