

**LAKOTA CHRISTIAN SCHOOL
RE-REGISTRATION FORM 2013-2014**

(Please print in ink)

STUDENT(S)

Last Name: _____ Today's Date: _____
First Name: _____ Middle Name: _____
Street: _____ Home Phone: _____
City: _____ State: _____ Zip: _____
Entering grade: _____

Last Name: _____ Today's Date: _____
First Name: _____ Middle Name: _____
Street: _____ Home Phone: _____
City: _____ State: _____ Zip: _____
Entering grade: _____

Last Name: _____ Today's Date: _____
First Name: _____ Middle Name: _____
Street: _____ Home Phone: _____
City: _____ State: _____ Zip: _____
Entering grade: _____

Last Name: _____ Today's Date: _____
First Name: _____ Middle Name: _____
Street: _____ Home Phone: _____
City: _____ State: _____ Zip: _____
Entering grade: _____

FAMILY INFORMATION

Father's Full Name: _____ Lives with Student: Yes/No
Home Phone: _____ Cell Phone: _____
Email: _____
Father's Employer: _____ Business Phone: _____
Ok to call Business Phone during school hours? _____

Mother's Full Name: _____ Lives with Student: Yes/No
Home Phone: _____ Cell Phone: _____
Email: _____
Mother's Employer: _____ Business Phone: _____
Ok to call Business Phone during school hours? _____
Marital Status: Married _____ Divorced _____ Widowed _____ Separated _____

Legal Guardian (If student does not live with Parents)

Full Name: _____
Home Phone: _____ Cell Phone: _____
Email: _____
Employer: _____ Business Phone: _____
Ok to call Business Phone during school hours? _____

EMERGENCY CONTACTS (not living with you)

Contact #1: _____ Rel. to Student: _____
Daytime Phone: _____ Cell Phone: _____
Contact #2: _____ Rel. to Student: _____
Daytime Phone: _____ Cell Phone: _____

Persons Authorized to Pick up Child from school other than the parents or legal guardian
(Anyone not on this list will not be allowed to pick up the student):

1) Name: _____ Phone _____
2) Name: _____ Phone _____
3) Name: _____ Phone _____
4) Name: _____ Phone _____

List any health changes, information, or new allergies.

MEDICAL INFORMATION

Family Physician: _____ Phone: _____
Does your child have any serious illnesses or handicaps? _____
Please Explain: _____

CHURCH INFORMATION

Church Attending: _____ Phone: _____
Address: _____ City: _____
State: _____ Zip: _____ Pastor: _____

For communication purposes throughout the year we will provide the option to have letters sent to your email address along with being sent home with your student(s). Please fill out the following information:

Email #1: _____ Name: _____
Email #2: _____ Name: _____

This application must be filled out completely before it can be processed.
Please submit no later than August 14th, 2013.