

Bethany Lutheran Student Record Information

Family Information:

Student's Name: _____ Social Security Number: _____

Is the student baptized? Yes No If yes, please provide the date: ____/____/____

Student's Name: _____ Social Security Number: _____

Is the student baptized? Yes No If yes, please provide the date: ____/____/____

Student's Name: _____ Social Security Number: _____

Is the student baptized? Yes No If yes, please provide the date: ____/____/____

Race (check all that apply): American Indian Asian Black Hispanic
 Pacific Islander White Other: _____

Public School & District Area of the family home: _____

Transportation Information:

List anyone, in addition to parents, who may pick up your student(s):

Emergency Contact Information

Please provide two emergency contacts other than the parents. Parents will always be called first in case of emergency.

First Contact: _____ Phone: _____

Second Contact: _____ Phone: _____

Medical Information for Students

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

School Directory (published to school families):

Exclude email address from the school directory

Exclude home phone from school directory

Exclude the following cell phone numbers from school directory: _____

If a second family should receive information from the school, enter the following:

Name: _____ Relationship to student(s): _____

Address: _____

City/State: _____ Zip: _____ Phone: _____