

# Student Contact Information

Student Name (F, M, L) \_\_\_\_\_ Date of Birth \_\_\_\_\_ School District you live in \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name \_\_\_\_\_ (OR) Guardian's Name \_\_\_\_\_

Primary Address \_\_\_\_\_ Secondary Address \_\_\_\_\_

Parents at Same Address? \_\_\_\_\_ If not describe living arrangements \_\_\_\_\_

Home Phone # \_\_\_\_\_ Father's Cell # \_\_\_\_\_ Mothers Cell # \_\_\_\_\_

Secondary Residence Parent (Other) Phone # \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Father's Place of Employment \_\_\_\_\_ Mother's Place of Employment \_\_\_\_\_

Fathers Work Phone # \_\_\_\_\_ EXT \_\_\_\_\_ Mothers Work Phone# \_\_\_\_\_ EXT \_\_\_\_\_

Family Physician \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Family Physician Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

## Emergency Contacts and Approved Pick-Up List

Name

Relationship to Child

Emergency Contacts Phone #'s

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

TLS weekly newsletter is sent out by email ONLY. To stay up to date on school news and dates please fill out the information below

Parent Email Address \_\_\_\_\_ Secondary Email Address \_\_\_\_\_

# Student Contact Information

Home Church \_\_\_\_\_ Family Pastor \_\_\_\_\_

Baptism Date \_\_\_\_\_ Confirmation Date \_\_\_\_\_ Church Phone # \_\_\_\_\_

Church Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## Handbook Receipt

I, \_\_\_\_\_ acknowledge receipt of the Preschool-8th grade Parent/Student Handbook. I understand that it is my responsibility to read and discuss it with my child(ren).

\_\_\_\_\_  
Parent or Guardian Signature

## Medical Conditions and/or Allergy Information

Does your child have allergies or medical conditions that TLS teachers & staff need to be aware of? **YES** \_\_\_\_\_ or **NO** \_\_\_\_\_.  
If yes, please list & explain. \_\_\_\_\_

\_\_\_\_\_  
If available, please supply any medical documentation regarding the above allergies and/or medical conditions.

*I understand that in the final disposition of an emergency, the judgement of the school authorities will prevail. When the above information needs to be changed, I will notify the school office in writing.*

\_\_\_\_\_  
Parent or Guardian Signature