

**Immanuel Lutheran School – Silo
22591 County Road 25
Lewiston, MN 55952**

Please complete the entire form.

STUDENT INFORMATION

Full Name _____ Gender _____ Ethnicity _____

Birthday _____ Child Adopted: Yes / No _____ Place of Birth (City, State) _____ Grade _____

Address _____ Phone _____

Bus: Yes / No Sometimes

FAMILY INFORMATION

Mother

Address (if different from child): _____

Marital Status _____ Occupation/Place of Employment _____

Home # _____ Work # _____

Cell # _____ Email: _____

Father

Address (if different from child): _____

Marital Status _____ Occupation/Place of Employment _____

Home # _____ Work # _____

Cell # _____ Email: _____

Siblings Names, Ages, Date of Birth (Please include all)

EMERGENCY CONTACT

Name: _____ Relationship: _____ Home # _____

Work # _____ Cell # _____

EMERGENCY CONTACT

Name: _____ Relationship: _____ Home # _____

Work # _____ Cell # _____

SUPPLEMENTARY

Baptism Date: _____

Home Church: _____

Church Denomination: _____

MEDICAL

Primary Care Physician: _____

Physician phone: _____

Preferred Medical Facility: _____

Medical Notes, Alerts, Allergies: _____

Notes / Comments: Please list any additional information that you feel is important to us in providing a positive and complete education to your child.
