



LUTHERAN SCHOOL [†]CLC
MUSTANGS

N1529 State Road 73
Markesan, WI 53946
920-398-3171
faithmarkesan@hotmail.com

Student Information
2017-2018

Student: _____ Birth Date: _____

Home Address: _____

Home Phone: _____ E-mail: _____

Mother's Name: _____

Mother's Work/Cell Phone: _____

Father's Name: _____

Father's Work/Cell Phone: _____

How this child gets home:

- Bus
- Parent Pick-Up

Would you like to be notified about early dismissals? Yes _____ Not Necessary _____

Emergency Contact	Phone
_____	_____
_____	_____

Doctor	Doctor's Phone Number
_____	_____

Family Hospital _____

Consent for Medical Care

In the event my child may require medical and/or surgical care while I am out of the city or unable to be reached. I hereby give permission to the above mentioned emergency contact and to Ann Sprengeler, Marie Muehlenhaupt, Barry Hay, and of Faith Lutheran School to seek proper medical care for my child. This permission is valid from September 1, 2017 through May 31, 2018.

Signed _____ Date _____