



Lutheran School Mustangs

N1529 State Road 73  
Markesan, WI 53946  
920.398.3171

[principal@markesanlutheran.com](mailto:principal@markesanlutheran.com)

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Work/Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Work/Cell Phone: \_\_\_\_\_

Allergies (if any): \_\_\_\_\_

Transportation: The bus will transport 4-year-olds that live in the district.

\_\_\_\_\_ Parent Pick Up      \_\_\_\_\_ Bus

Emergency Contact(s): \_\_\_\_\_ Phone Number: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

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, Jessica Krueger, and Miriam Bernthal of Faith Lutheran School to seek proper medical care for my child. This permission is valid from September 1<sup>st</sup> through May 31<sup>st</sup>.

Signed: \_\_\_\_\_