

**St. John Lutheran Church  
2017 - 2018 Sunday School  
Student Information**

Student's Name: \_\_\_\_\_

Student's Mailing Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Student's Birthday: \_\_\_\_\_ Baptismal Date: \_\_\_\_\_  
(Mo\Day\Year)

Student's Age: \_\_\_\_\_

Grade Attending this Fall: \_\_\_\_\_ School: \_\_\_\_\_

List any physical conditions that might result in an emergency situation (*i.e.*, diabetes, asthma, etc.).

\_\_\_\_\_

List any learning disabilities and prescribed medication (*i.e.*, ADHD-Ritalin, etc.). List any medications required for the condition listed: \_\_\_\_\_

\_\_\_\_\_

List all allergies (*i.e.*, food, medicine, animals, etc.): \_\_\_\_\_

\_\_\_\_\_

List visual and/or hearing deficit and type of correction (*i.e.*, nearsighted glasses, hearing aids, etc.): \_\_\_\_\_

\_\_\_\_\_

List other information that might be helpful to the staff: \_\_\_\_\_

\_\_\_\_\_

Due to family circumstances, how often will student attend Sunday School (*i.e.*, every other Sunday, etc.)?

\_\_\_\_\_

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

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

Home Phone # : \_\_\_\_\_ Cell Phone # : \_\_\_\_\_

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

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

Home Phone # : \_\_\_\_\_ Cell Phone # : \_\_\_\_\_

Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_