

BEAUTIFUL SAVIOUR EV. LUTHERAN SCHOOL  
3030 Valley Street, Carlsbad, CA 92008  
**REGISTRATION AND HEALTH INFORMATION**

Name of Student \_\_\_\_\_ Birth date \_\_\_/\_\_\_/\_\_\_  
(last) (first) (middle)

Address \_\_\_\_\_  
(street) (city) (zip) (telephone)

Was the student baptized? \_\_\_\_\_ If so, into what denomination? \_\_\_\_\_

Does your child attend Sunday School? \_\_\_\_\_ If so, where? \_\_\_\_\_  
(church) (city)

Name of parents or guardian \_\_\_\_\_

Father's occupation \_\_\_\_\_ Employer \_\_\_\_\_ Telephone \_\_\_\_\_

Mother's occupation \_\_\_\_\_ Employer \_\_\_\_\_ Telephone \_\_\_\_\_

Are parents currently active members of a church? \_\_\_\_\_

If so, which congregation? \_\_\_\_\_  
(name) (address)

With which denomination is this congregation affiliated? \_\_\_\_\_

Names and ages of other children in the family		Baptized?			Baptized?
_____	/ _____	_____	_____	/ _____	_____
_____	/ _____	_____	_____	/ _____	_____

Student's previous school attended \_\_\_\_\_  
(name)

Address of school \_\_\_\_\_  
(street) (city/state) (zip)

Name, address, and telephone number of someone to be contacted if parents cannot be reached in an emergency \_\_\_\_\_  
(name) (address) (telephone)

Into what grade is your child being enrolled? \_\_\_\_\_

*(Please fill in health information on reverse side of this form)*

Family Physician \_\_\_\_\_ Telephone \_\_\_\_\_

Please check conditions your child has or has had in the past year and give approximate date.

_____ Head Injury _____	_____ Rheumatic Fever _____
_____ Hay Fever _____	_____ TB (self or family) _____
_____ Diphtheria _____	_____ Mumps _____
_____ Pneumonia _____	_____ Measles _____
_____ Scarlet Fever _____	_____ Chicken Pox _____
_____ Ear Infection _____	_____ Kidney Infection _____
_____ High Blood Pressure _____	_____ Epilepsy _____
_____ Low Blood Pressure _____	_____ Hemophilia _____
_____ Broken Bones _____	_____ Diabetes _____
_____ Asthma _____	_____ Others, please specify _____
_____ Eczema _____	_____ _____
_____ Polio _____	_____ _____

Is your child on any regular medication? \_\_\_\_\_

Is your child given to any of the following? \_\_\_\_\_ frequent colds  
 \_\_\_\_\_ headaches  
 \_\_\_\_\_ nosebleeds  
 \_\_\_\_\_ fainting  
 \_\_\_\_\_ nervousness

Does your child require the use of glasses? \_\_\_\_\_ a hearing aid? \_\_\_\_\_

Has your child had any surgery or serious injury? (please specify) \_\_\_\_\_

When did your child last have a physical examination? \_\_\_\_\_

Please give any other health related information which you feel may be pertinent \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

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- Upon enrolling my child in Beautiful Saviour Lutheran School, I give my permission to the principal and teachers to seek medical attention in case of an emergency.
- I give my permission to the principal and teachers to discipline my child as the need and situation warrant.
- I agree to adhere to the policies and procedures of Beautiful Saviour Lutheran School as stated in the parent handbook.
- I also understand that my attending the Adult Information Class is part of the condition of enrollment of my child at Beautiful Saviour Lutheran School.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_