



STUDENT PROFILE

1100 Philadelphia Road, Joppa, MD 21085

(P) 410 679-4000, Ext. 111

(F) 410-679-3472

www.tlsonline.org

STUDENT INFORMATION

Last Name:

First Name:

Middle Name:

Preferred Name:

Date of Birth:

Race:

Gender:

Male

Female

Grade:

----- OFFICE USE ONLY -----

Applied Date:

Homeroom Teacher:

Interviewed By Whom?

Date:

Church Affiliation:

Does Mom Have Custody?

Yes

No

Does Dad Have Custody?

Yes

No

Do We Have Permission To Take Child On Field Trips?

Yes

No

Are Custody Papers On File At Trinity?

Yes

No

Do We Have Permission To Take Photos?

Yes

No

Do We Have Permission To Do Test(s)

Yes

No

FAMILY INFORMATION

Parent/Guardian -----

Last Name:

First Name:

M.I.

Marital Status

Student's Primary Residence?

Yes

No

Home Address

City:

State:

Zip:

Home Phone:

Personal Email:

Cell Phone:

Employer's Name:

Job Title:

Work Hours:

Days Off:

Employer Address:

City:

State:

Zip:

Work Phone:

Work Email:

Parent/Guardian -----

Last Name: First Name: M.I.
Marital Status Student's Primary Residence? Yes No
Home Address
City: State: Zip:
Home Phone: Personal Email:
Cell Phone:
Employer's Name: Job Title
Work Hours: Days Off:
Employer Address:
City: State: Zip:
Work Phone: Work Email:

EMERGENCY CONTACTS

INCLUDE AT LEAST THREE (3) CONTACTS NOT INCLUDING PARENTS - CONTACTS SHOULD LIVE IN THE LOCAL AREA

CONTACT NAME:

Relation:
Street Address:
City: State: Zip:
Home #: Work #: Cell #:

CONTACT NAME:

Relation:
Street Address:
City: State: Zip:
Home #: Work #: Cell #:

CONTACT NAME:

Relation:
Street Address:
City: State: Zip:
Home #: Work #: Cell #:

MEDICAL INFORMATION

Authorized to Call Doctor?

Yes

No

Authorized to Call Rescue Squad?

Yes

No

Physician Name:

Phone #:

Street Address:

City

State:

Zip:

Physician #2 Name:

Phone #:

Street Address:

City

State:

Zip:

Dentist Name:

Phone #:

Insurance Name:

Phone #:

Insurance Policy #:

PICKUP INFORMATION

NAME:

Phone:

Tag#

License #:

Name:

Phone:

Tag#

License #:

Name:

Phone:

Tag#

License #:

Name:

Phone:

Tag#

License #:

NOT AUTHORIZED TO PICKUP:

The information provided above is complete and accurate. I agree to immediately notify Trinity Lutheran Christian School and Early Learning Center of any changes.

Parent/Guardian Signature:

Date of Signature: