

**EMERGENCY CONTACT INFORMATION**

EMAIL ADDRESS: \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_

DOB : \_\_\_\_\_

**FATHER**

NAME _____
OCCUPATION _____
PLACE OF EMPLOYMENT _____
WORK # _____ CELL # _____

**MOTHER**

NAME _____
OCCUPATION _____
PLACE OF EMPLOYMENT _____
WORK # _____ CELL # _____

**LIST TWO PEOPLE TO BE CONTACTED IN THE EVENT OF AN EMERGENCY IF PARENT/GUARDIAN CANNOT BE CONTACTED**

Name	Home Phone	Name	Home Phone
Street Address		Street Address	
City	Zip Code	City	Zip Code
State		State	
Relationship to Child		Relationship to Child	
Cell phone	Work Phone	Cell phone	Work Phone

**Physician****Dentist**

Name	Name
Street Address	Street Address
City, State, Zip Code	City, State, Zip Code
Phone	Phone

I have made myself familiar with the regulations, philosophy of education, and procedures of West Park Lutheran School and agree to support them as outlined in the Parent's Handbook. I realize that in order to sustain and promote this program, I am obligated to make my tuition payments promptly and fully. I further understand that prime purpose of West Park Lutheran School is to assist me in the spiritual training of my child(ren) as well as the general education provided. Knowing this, I shall support the school in spiritual matters by faithfully bringing my child(ren) to God's house and by giving a Christian example to help in their growth. I pledge my wholehearted support of West Park Lutheran School in prayer, talents and finances, according to the ability which God has given to me.

Signature of Parent(s) of Guardian \_\_\_\_\_

Date \_\_\_\_\_