

**Lamb of God Lutheran School**  
 6232 N. Jones Blvd., Las Vegas, NV 89130  
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 www.lambschool.org [info@lambschool.org](mailto:info@lambschool.org)  
**Re-Registration Form (K -5<sup>th</sup> Grade)**  
**2009-2010**

<b>For Office Use Only:</b>	
_____ Registration Form	_____ CC
_____ Emergency Form	_____ Handbook

**CHILD INFORMATION**

Last Name	First Name	Middle	
Address	City	State	Zip

**PARENT/ GUARDIAN INFORMATION**

FATHER/GUARDIAN NAME			E-MAIL ADDRESS (required)	
ADDRESS/APT#	CITY	STATE	ZIP	HOME PHONE #
OCCUPATION	EMPLOYER	WORK PHONE #	CELL #	
MOTHER/GUARDIAN NAME			E-MAIL ADDRESS (required)	
ADDRESS/APT#	CITY	STATE	ZIP	HOME PHONE #
OCCUPATION	EMPLOYER	WORK PHONE#	CELL #	

STUDENT LIVES WITH:  
 BOTH PARENTS \_\_\_\_\_ MOTHER ONLY \_\_\_\_\_ FATHER ONLY \_\_\_\_\_ JOINT CUSTODY \_\_\_\_\_ GRANDPARENT/GUARDIAN \_\_\_\_\_

**\*COURT DOCUMENTS ARE DUE UPON REGISTRATION\***

SIBLINGS NAMES	AGE	SCHOOL ATTENDING

**CONTRACTUAL AGREEMENT**

I, the undersigned, agree to fulfill all financial obligations and agree to adhere to the policies and regulations required by Lamb of God Lutheran School as stated in the Elementary Family Handbook. I understand that re-enrollment is contingent on being current with registration paperwork, tuition and fees.

I understand that in the event of a withdrawal by a student, or dismissal from the school, the following shall be in effect:

1. All fees are non refundable
2. Tuition will be charged through the end of the month in which the student is enrolled (a student is enrolled until a formal withdrawal form is completed).

Father/Guardian Signature _____	Date _____
Mother/Guardian Signature _____	Date _____
Received Family Handbook _____	Date _____

## Emergency Information 2009-2010

School policy is to contact parents first in case of an emergency. Authorized escorts other than parent who may be called in an emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

### Update Medical Conditions

(\*MUST HAVE MEDICAL DIAGNOSIS\*)

**An Inhaler or EpiPen must be provided to the teacher by the parent/guardian**

**NO KNOWN DISABILITY**

ASTHMA/AIRWAY DISORDER\* \_\_\_\_\_  
 ALLERGY TO FOOD\* \_\_\_\_\_  
 ALLERGY TO ENVIRONMENT\* \_\_\_\_\_  
 DIABETES\* \_\_\_\_\_  
 GLASSES/CONTACTS\* \_\_\_\_\_  
 VISUAL IMPAIRMENT\* \_\_\_\_\_  
 COLOR BLINDNESS\* \_\_\_\_\_  
 HEARING AID (R) \_\_\_\_\_ (L) \_\_\_\_\_  
 HEARING IMPAIRMENT \_\_\_\_\_  
 ADD/ADHD\* \_\_\_\_\_  
 HYPERSENSITIVITY TO\* \_\_\_\_\_

NEUROLOGICAL DISEASE\* \_\_\_\_\_  
 MUSCULAR DISEASE\* \_\_\_\_\_  
 ORTHOPEDIC PROBLEM\* \_\_\_\_\_  
 SKIN DISORDER\* \_\_\_\_\_  
 HEART PROBLEM\* \_\_\_\_\_  
 PSYCHOLOGICAL DISORDER\* \_\_\_\_\_  
 MIGRAINES\* \_\_\_\_\_  
 CANCER\* \_\_\_\_\_  
 SEIZURES\*TYPE\* \_\_\_\_\_  
 GENETIC SYNDROME\* \_\_\_\_\_  
 BLOOD DISORDER\* \_\_\_\_\_  
 OTHER\* \_\_\_\_\_

**NOTE: HEALTH INFORMATION WILL BE GIVEN TO TEACHER, EXCEL PROGRAM, AND LUNCH STAFF  
TO ENSURE A SAFE AND SUPPORTIVE ENVIRONMENT FOR EACH STUDENT**

RECEIVING MEDICATION? \_\_\_\_ YES \_\_\_\_ NO IF YES, Name of medication \_\_\_\_\_ NEEDED AT SCHOOL \_\_\_\_ YES \_\_\_\_ NO

\* PRESCRIPTION MEDICATION MUST BE ADMINISTERED BY STAFF\*

Child's Physician \_\_\_\_\_ Phone number \_\_\_\_\_

In the event of an accident or illness to the above-mentioned child, I \_\_\_\_\_, do hereby authorize Lamb of God Lutheran School to secure any necessary emergency surgical or medical care. Life threatening illness/injury will result in transportation to a hospital chosen by qualified medical personnel.

Date: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_