

Hampton Lutheran School Registration Form

Name of student

Last: _____ First: _____ Middle: _____

Child's birthday: _____ Baptism date: _____

Parent/guardian names

Last: _____ First: _____

Address: _____

Home phone: _____ Work phone: _____

Cell phone: _____ Relationship: _____

Email address: _____

Home church: _____

Last: _____ First: _____

Address: _____

Home phone: _____ Work phone: _____

Cell phone: _____ Relationship: _____

Email address: _____

Home church: _____

Emergency contact

Name: _____ Relationship: _____

Home phone: _____ Work phone: _____

Cell phone: _____

Medical information

Doctor: _____ Clinic: _____

Phone: _____

Allergies: _____

Medical problems: _____

Medications: _____

Comments: _____

Send completed form to hls@hamilton.net or drop it off in the [school office](#).