

Date Returned	_____
Directory Updated	_____
Medical Procedure Updated	_____
Financial Aid Form Mailed	_____
Church Mbship Verified	_____
Course Selections Entered	_____

VALLEY LUTHERAN HIGH SCHOOL

RE-REGISTRATION FORM *(Please note changes in directory Information)*

Student's Name _____ Phone _____

Address _____ City _____ Zip Code _____

Father's Work Phone _____ Parent's E-Mail _____

Mother's Work Phone _____

Other Responsible Adult – Name _____ Phone _____

From time to time directory information is released. This includes the publication of the student directory as well as releases to the media for publication (honor roll, student awards, etc.) Students may be photographed while participating in school activities. Such images may appear in news articles, and school publications, such as yearbook and school brochures. If you do not want directory information released, please contact the school office for further information.

MEDICAL PROCEDURES

- _____ You may give my child Tylenol/aspirin upon request.
- _____ My child has permission to self-administer medication that has been prescribed for her/him. I will send the permission form as found in the Student Handbook.
- _____ Please dispense prescription medication to my child as needed. I will keep the school informed regarding medications that have been prescribed for my child. I will send the permission form as found in the Student Handbook

FINANCES

_____ Please send me a financial aid form.

PARENT'S CERTIFICATION

I certify that all of the class information on reverse side is accurate.

 Parent's Signature

CHURCH MEMBERSHIP

**THIS MUST BE COMPLETED TO QUALIFY FOR ASSOCIATION
AND NON-ASSOCIATION LUTHERAN TUITION RATES**

_____ (student's name) is a member of _____

Lutheran Church of _____ (city) and is entitled to any tuition grants that
are a benefit of that membership.

(Pastor's Signature)