



**SNOW HOMES FOR STUDENTS FROM RURAL AREAS ONLY**

If my children cannot be returned home, please send them to:

\_\_\_\_\_  
(Name) (Address) (Phone)

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**Childcare Section:**

Please list your after-school caregivers for younger children or any dual living situations. This way we know where your children are to go.

(name) (address) (phone)  
Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

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**School Handbook Section:**

\_\_\_\_ By enrolling my child(ren), I agree to comply with the policies and procedures outlined in the Grace Lutheran School Handbook.

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**Health Section:**

**Please list any current information teachers and other school staff need to be made aware of regarding your child (Ex: ADD, ADHD, anxiety, autism, separation disorder, ODD, disease, illness, operations, allergies, limitations on activities, chronic conditions).**

**\*List any medication the student is currently taking and why.**

\_\_\_\_\_  
\_\_\_\_\_

*By signing this form, school staff and other contracted school services will be notified of child's health concerns.*

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Parent/Care Giver Signature \_\_\_\_\_ Date: \_\_\_\_\_