

Family Name \_\_\_\_\_

Date \_\_\_\_\_

## 2023-24 St. Peter's Lutheran School Permissions Form

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**School Directory:** We include each student, grade level, and parents' names. To include primary address, phone, and/or email, check boxes and write in the information we can include.

address \_\_\_\_\_

phone \_\_\_\_\_

email \_\_\_\_\_

or  unlisted      Parent Signature \_\_\_\_\_

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**Photo Release Form:** I hereby authorize St. Peter's Lutheran Elementary School and Preschool, under the direction and supervision of Principal Paul Lutze, to use pictures and/or video clips of my child(ren) participating in school activities or events for use in: (please check boxes)

school website      Parent/Guardian Signature \_\_\_\_\_

school Facebook page

school brochure

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**Cell Phone Permission:** We agree to abide by the policy outlined below:

- 1) I will turn the phone off and give it to my teacher upon arrival at school. I will not keep it on my person, desk, locker, or backpack.
- 2) I will not turn it on or use it at the end of the day until I exit the building.
- 3) I will accept the consequence if I fail to abide by these rules (confiscation for the day, detention, revoke permission).

Student Signature \_\_\_\_\_

Parent Signature \_\_\_\_\_

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**Medical Release:** I authorize St. Peter's Lutheran School to seek emergency medical treatment for my child. I give permission to the emergency physician to secure proper emergency treatment and to order injection, anesthesia or other emergency treatment if I, or my spouse, cannot be contacted. In the event of life-threatening emergency, I understand that 911 will be called to take my child to Door County Memorial Hospital and I accept responsibility for expenses incurred.

Parent Signature \_\_\_\_\_

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**Field Trips:** My child(ren) has my permission to go on field trips with his/her class. Transportation may include walking, bus, or volunteer parent drivers. I understand information about the field trip will be provided to parents prior to the field trip date.

Parent Signature \_\_\_\_\_

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**Busing:** My child(ren) will need busing through the following public school district.

Sturgeon Bay

Southern Door

Sevastopol