



LAFAYETTE CHARTER SCHOOL

learning caring succeeding

351 6th Street, P O Box 125, Lafayette MN 56054

Phone 507-228-8943 Fax 507-228-8288

Student Enrollment Information and Contact Form

Today's Date _____

PRIMARY PARENT/GUARDIAN INFORMATION

Name (s) _____ Father & Mother Father Mother Guardian

Address: _____

City _____ State _____ Zip _____ Home Phone: _____

Father: Employer _____ Work # _____ Cell # _____

Email: _____

Mother: Employer _____ Work # _____ Cell # _____

Email: _____

Other parents having visitation rights: Name _____

Special custody arrangements that LCS need to be aware of: _____

Race/Ethnicity: American Indian Asian Black Hispanic Native Hawaiian/Pacific Islander White Two or More Races

STUDENT INFORMATION (please list all students)

Name	Birthdate	Male or Female	Grade

WEATHER RELATED INFORMATION

How do you prefer to be contacted for weather and general updates/announcements?

Phone #1 _____ (check all that apply) Text Voice

Phone # 2 _____ (check all that apply) Text Voice

Phone # 2 _____ (check all that apply) Text Voice

Email _____

Please list email address for weather and general announcements

In case of an emergency where students are unable to be bussed, does your child(ren) have a local Lafayette "Storm Buddy"?

If YES, Name and address of Lafayette household _____

If NO, please tell us your plans for your children in case of an emergency? _____

EMERGENCY CONTACTS (other than parents)

1st contact: Name _____ Phone: _____

Email: _____ Relationship to students _____

2nd contact: Name _____ Phone: _____

Email: _____ Relationship to students _____

Parent/Guardian Signature _____ Date: _____