



# LOUDONVILLE CHRISTIAN SCHOOL

374 Loudon Road, Loudonville, NY 12211 | [www.lcs.org](http://www.lcs.org) | 518-434-6051

## Visiting Student Information

**Thank you for visiting with us for the day. Please take a moment to fill out the following information.**

Name of student visiting \_\_\_\_\_

Grade visiting \_\_\_\_\_ Date of visit \_\_\_\_\_

Parent/Guardian Names \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Please list any allergies your child may have and the medication taken for the allergy \_\_\_\_\_

\_\_\_\_\_

**In the case of an emergency, please list two persons whom you would like to be contacted.**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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