Northeastern Wisconsin Lutheran High School

1311 S. Robinson Ave. Green Bay, WI 54311

920-469-6810

Host Family and/or Custodial Parent Form

Student Name :		Birt	ch Date:	/	J YYYY
Statumet Pathogue		Nat	ر ural Mother:	MM E	D YYYY
Natural Father:		IVAC			
Foreign Address:					
	Street Address				
	City	Province/Territory	Postal Code	Coul	ntry
Host Family Name :					
Local Address Wher	e Student Will Be L	iving While Attending Scho	ool:		
		City	State		Zip Code
Street Address	•	City	State		Zip couc
	rize the following p	ization for Adult to Act as person(s) to act on my (our) behalf in the matt		
1. For medical	rize the following p decisions and/or tr ting in school relate	person(s) to act on my (our reatment, including medica ed activities, I hereby appo) behalf in the matt		
1. For medical or participat	rize the following p decisions and/or tr ting in school relate (Name and phone	person(s) to act on my (our) behalf in the matt		
1. For medical	rize the following p decisions and/or tr ting in school relate (Name and phone	person(s) to act on my (our reatment, including medica ed activities, I hereby appo) behalf in the matt		
 For medical or participal residing at: For all other approving fi 	decisions and/or training in school relate (Name and phone (If address is differed december)	person(s) to act on my (our reatment, including medica ed activities, I hereby appo e number of Custodian)) behalf in the matt ation authorization, int: ited to, signing abso participation, ackn	while attendi ence verificati owledging no	ing school ons,
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Signature of Natural Mother