

**PLEASE NOTE**:

* Please Fill out, save, and send or email to schooloffice@immanuel-school.com
* **Application must be signed**.

Application for Admission 2019-2020

**Student**\_Click to type students Last, First & Middle Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Choose a grade.

Last First Middle Grade entering

Birth date \_Click enter date.\_\_\_ Sex \_Choose a gender.\_\_\_ Baptism/Dedication date \_Click to enter date.\_\_

**Student**\_Click to type students Last, First & Middle Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Choose a grade.

Last First Middle Grade entering

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Last First Middle Grade entering

Birth date \_Click enter date.\_\_\_ Sex \_Choose a gender.\_\_\_ Baptism/Dedication date \_Click to enter date.\_\_

**Father** \_Click to enter Name.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell # \_Click to enter Cell.\_\_ Work Phone # Click to enter number.

Last First Middle

S.S #\_Click to enter SS#.

Employer \_\_\_Click enter Employer.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_Click to enter email.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mother** \_Click to enter Name.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell # \_Click to enter Cell.\_\_ Work Phone # Click to enter number.

Last First Middle

S.S #\_Click to enter SS#.

Employer \_\_\_Click enter Employer.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_Click to enter email.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home -** Phone # Click to enter phone.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Email Click to enter Email.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_Click to enter Address.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City & Zip Click to enter City & Zip.\_\_\_\_\_\_\_\_\_\_\_\_

Additional Address for Parent Mailings: Name \_Click to enter Name.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_Click to enter Address.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City & Zip Click to enter City, State & Zip.\_\_\_\_\_\_

May we publish your home address, email address and phone number in our school directory? Yes  No

**Emergency contacts if parents can’t be reached (list in order of attempt):**

Name Click to enter Name.\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship Click to enter Name.\_\_\_\_ Phone \_Click to enter Phone.

Name Click to enter Name.\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship Click to enter Name.\_\_\_\_ Phone \_Click to enter Phone.

Family Doctor Click to enter Name.\_\_\_\_\_\_\_\_\_\_\_\_\_ Hospital Click to enter Name.\_\_\_\_ Phone \_Click to enter Phone.

*Upon my signature below: Immanuel Lutheran School has my permission, in case of an emergency, to contact the proper authorities (police, ambulance, another Doctor or take my child to the emergency room) if either my emergency contacts or I cannot be reached.*

Does any children have any severe allergies, physical needs or health limitations? Yes  No If yes, please explain including child’s name: Click to enter names of children with allergies, needs or limitations.

Does your child have any emotional or psychological needs that are currently being cared for by a professional? Yes  No

If yes, please explain including child’s name: Click to enter child’s name and explanation.

Does any children need any special prescriptions medications? Yes  No If yes, please explain including child’s name:

Click to enter child’s name and medication.

Student lives with: Both Parents Father Mother Guardian  Step-father  Step-mother Grandparent  Other **(check all that apply)**

If parents are divorced or unmarried, is there any court restriction placed on parental rights?  Yes  No

If yes, please explain: Click to explain.

Are any children adopted?  Yes  No Who?\_Click to answer. (If yes does the child know of the adoption?) Yes  No

Dismissal procedure:  Bus  Walk Car pool Picked up by parent Other Click to explain.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home congregation Click for congregation.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pastor’s name Click for Pastor’s Name.

Denomination Click for denomination. Phone Click to enter phone number.

Name and address of last school attended if new to Immanuel: Enter name and address of school

**Please list full name of each person authorized to pick up your children**: Enter names

Immanuel Lutheran School admits students of any race, color, national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or make available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, scholarship, and loan programs and athletic or other school administered programs.

I the undersigned parent or guardian for and in consideration of Immanuel Lutheran School accepting my child/ren as a student/s in its school, agree to make all payments for educational fees and other necessary and normal charges in accordance with schedules for payment provided. I agree and understand that unless all payments are current, no transcripts regarding our child will be issued unless my child/ren is accepted into a school choice program. The signature below testifies to the fact that there is awareness and support of all polices found in the Immanuel School Handbook.

**Parent/Guardian signature** Click and type to sign.Date Click to enter a date.

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**Immanuel Lutheran School Mission Statement:**

*Immanuel Evangelical Lutheran School builds faith in Christ one child at a time.*