

Rcvd: _____ time: _____

___Appl. ___Tuition Agmt ___Reg. Fee ___Smart



2017-2018 Enrollment Application Preschool – 8th Grade

PARENT INFORMATION

Please fill out and print all changes in black or blue ink.

- Office Use Only:**
- Smart Tuition
 - QB
 - Payment Received
 - Required Signatures
 - Sycamore
 - LETA
 - Class List
 - Email List
 - Email Teacher
 - Computer Login
 - Email Kim
 - Email Brooke

FAMILY STATUS: New Family Current Family Previous ILS Family

	Father/Guardian	Mother/Guardian
First Name		
Last Name		
Address		
City, State, ZIP		
Primary Phone	<input type="checkbox"/> Home / <input type="checkbox"/> Cell	<input type="checkbox"/> Home / <input type="checkbox"/> Cell
Secondary Phone	<input type="checkbox"/> Home / <input type="checkbox"/> Cell	<input type="checkbox"/> Home / <input type="checkbox"/> Cell
Email Address		
Occupation		
Employer		
Church Membership		

All school communication via email should be sent to Father Mother Both

Child(ren) is/are living with ... Both Parents Father only Mother only Father & Stepmother
 Mother & Stepfather Other (explain) _____

If divorced, who has legal custody of student? Father Mother Joint Custody

Please be sure the school office has copies of court documentation regarding custody issues, if applicable.

PARENT/GUARDIAN STATEMENT OF INTENT

1. We believe that parents are responsible for the Christian education of their children. I understand that the function of Immanuel Lutheran School (ILS) is to assist Christian families in this responsibility by helping each pupil to grow in Christian love and faith, Christian character and academic excellence.
2. We desire a quality Christ-centered education for our child(ren). We believe that ILS will provide this type of education for our child(ren). We understand that quality Christian education includes a partnership between the parents, teachers and the school. We will, therefore, include ILS in our prayers and seek to keep open lines of communication with the school.
3. We will fully support the school's program and will encourage our child(ren) to accept all school policies and procedures as outlined in the 2016-2017 Parent/Student Handbook.
4. We will promptly meet all financial obligations as stated in the signed tuition agreement. We understand registration fees are non-refundable.

I verify that the information on this form is correct to the best of my knowledge. I have made all necessary changes.

Parent/Guardian Signature

Date

HOW DID YOU HEAR ABOUT US? (New families only) Referral (give name): _____

Website Internet search Newspaper Phone Book Other: _____

2017-2018
Immanuel Lutheran School
STUDENT ENROLLMENT INFORMATION

NAME OF PARENT/GUARDIAN: _____

Child Information	First Child	Second Child
NEW ENROLLMENT: Yes/No		
GRADE ENTERING		
FIRST NAME		
MIDDLE NAME		
LAST NAME		
DATE OF BIRTH		
GENDER: M OR F		
Child has special education needs or has an IEP or 504? If yes, please attach copy.		
Child has vision or hearing limitations that I would like the teacher to be aware of.		
Child has physical limitations that might limit participation in a classroom activity.		
Child has allergies, asthma or other health issues that teacher should be aware of. Please list.		

Sibling Information (if not registering above)

Name	Age	School Attending

By enrolling my child(ren) in ILS they agree to the following Statement of Intent:

1. I want to attend ILS and receive a Christ-centered education. I will participate and show reverence and respect to God in all worship services. I will strive to set a good example at all times as a Christian and a member of the body of Christ.
2. I will show proper respect to those in authority over me at ILS. I will obey the rules and regulations of ILS.
3. I will do my best in all my school work with the abilities God has given me.

I verify that the information on this form is correct to the best of my knowledge. I have made all necessary changes.

Signature of Parent/Guardian

Date Signed

*****SEE NEXT PAGE TO REGISTER ADDITIONAL CHILDREN*****

2017 – 2018
Immanuel Lutheran School
STUDENT ENROLLMENT INFORMATION

Child Information	Third Child	Fourth Child
NEW ENROLLMENT: Yes/No		
GRADE ENTERING		
FIRST NAME		
MIDDLE NAME		
LAST NAME		
DATE OF BIRTH		
GENDER: M OR F		
Child has special education needs or has an IEP or 504? If yes, please attach copy.		
Child has vision or hearing limitations that I would like the teacher to be aware of.		
Child has physical limitations that might limit participation in a classroom activity.		
Child has allergies, asthma or other health issues that teacher should be aware of. Please list.		