



2010/2011 Enrollment Application Preschool—8th grade

Please complete both sides of enrollment application and return with tuition policy agreement and registration fee to the school office.

Current Student	<input type="checkbox"/>
Previous Student	<input type="checkbox"/>
Sibling of Student	<input type="checkbox"/>
New Student	<input type="checkbox"/>

2010-2011 Grade: _____

Preschool: Terrific Threes Fantastic Fours Fabulous Fives

Kindergarten (Placement determined by development test)

Full name of child: _____ Date of Birth: ____/____/____ Age: _____

Home address: _____ City, State: _____ Zip: _____

Gender (circle one) M or F Church member of _____ in City: _____

Child's ethnic origin (check one—required for the preparation of regulatory reports)

African American Asian Caucasian Hispanic Native American Other

NEW STUDENTS FILL OUT:

Previous school attended : _____ Dates attended: _____

Address: _____ Phone #: _____

How did you hear of Immanuel? Website ____ Reporter-Herald ____ Internet search ____ Phone Book ____

Referral (give name) _____

Other (please list) _____

IN THIS SECTION, PLEASE LIST PARENTS, STEPPARENTS, OR GUARDIAN\$ WITH WHOM THE CHILD IS PRESENTLY RESIDING.

FATHER

MOTHER

Name: _____

Name: _____

Occupation: _____

Occupation: _____

Employer: _____

Employer: _____

Home phone: _____

Home phone: _____

Work phone: _____

Work phone: _____

Cell phone: _____

Cell phone: _____

Sibling Information:

Name: _____

Age: _____

School Attending: _____

Name: _____

Age: _____

School Attending: _____

Name: _____

Age: _____

School Attending: _____

EMAIL INFORMATION: (To be used as a communication tool.)

Please list family email address: _____ alt . _____

NON-REFUNDABLE REGISTRATION RATES (per student)

Preschool = \$65

Full Day Kindergarten—5th grade = \$240

6th—8th Grade—\$250

Maximum family registration (P-8) not to exceed \$700

Please turn over and continue. Thank you!

HEALTH INFORMATION

1. Are there any limitations of vision or hearing in which our school could help your child, as in proper seating assignment or other action? YES NO

If YES, please explain: _____

2. Are there any physical handicaps which would limit participation in any classroom activity? YES NO

If YES, please explain: _____

3. Has your child ever been identified with special educational needs or had an IEP or 504? YES NO

If YES, please explain: _____

4. Are there any allergies, asthma, or other complications the teacher should be aware of? YES NO

If YES, please explain: _____

PARENT/GUARDIAN PERMISSION FOR NAME/PICTURE TO BE PUBLISHED IN THE FOLLOWING:

By initialing each item, you are giving your permission for your child's name and photo to be used in each of these areas.

The school directory is published once a year and includes family name, address, and phone number.

School and Church Brochures Initial Here _____ Reporter-Herald (and other newspapers) Initial Here _____

Sonshine Line weekly school newsletter _____ Website _____

Yearbook _____ School Directory _____

Honor Roll (Middle School) _____ **Make sure you have initialed, not checked each item to give your approval.**

PARENT'S 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 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 Immanuel Lutheran School 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 Immanuel Lutheran School 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 Student Handbook.
4. We will promptly meet our financial obligations as designated by the Board of Christian Day School and stated in the Handbook.

_____ *Date*

_____ *Parent/Guardian's Signature*

STUDENT'S STATEMENT OF INTENT (Please read with your son or daughter)

1. I want to attend Immanuel Lutheran School 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 for all those in authority over me at Immanuel Lutheran School, and I will obey the rules and regulations of the school.
3. I will do my best in all my school work with the abilities God has given me.

_____ *Date*

_____ *Student's Signature*

FOR OFFICE USE ONLY

Date Received: _____ Time Received: _____ Registration Fee: _____

New Student Interview: _____ Acceptance Letter Sent: _____

Gesell Testing Scheduled: Date/Time _____ With: _____

Original to: School Admin and entered in database _____ Principal _____ forward to Bookkeeper _____