

Start Date:

Teacher request:



Enrollment Application
2021-2022
Preschool-8th Grade
FAMILY INFORMATION

Office Use Only: initial
Application Accepted
Teacher Assessment
Registration fee
Tuition Agreement
Sycamore Account
Tuition Payment
Smart Tuition Account
Sycamore Login
Enrollment List

FAMILY STATUS: [ ] New Family [ ] Current Family [ ] Previous ILS Family

HOW DID YOU HEAR ABOUT US? Referral (give name): \_\_\_\_\_

[ ] Website [ ] Internet search [ ] Newspaper [ ] Phone Book Other: \_\_\_\_\_

Table with 3 columns: Father/Guardian, Mother/Guardian, and various fields (First Name, Last Name, Home Address, City, State, ZIP, Primary Phone, Secondary Phone, Email Address, Occupation, Employer, Church Membership).

All school communication via email should be sent to: [ ] Father [ ] Mother [ ] Both [ ] Guardian

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 agreements, 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 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 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

**STUDENT ENROLLMENT APPLICATION  
2021–2022  
Immanuel Lutheran School**

NAME OF PARENT/GUARDIAN: \_\_\_\_\_

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

**STUDENT ENROLLMENT APPLICATION  
2021–2022  
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Child Information	Third Child	Fourth Child
<b>NEW ENROLLMENT: Yes/No</b>		
<b>GRADE ENTERING</b>		
<b>FIRST NAME</b>		
<b>MIDDLE NAME</b>		
<b>LAST NAME</b>		
<b>DATE OF BIRTH</b>		
<b>GENDER: M OR F</b>		
<b>ETHNICITY (optional)</b>		
<b>Child has special education needs or has an IEP or 504? Must be reviewed prior to enrollment acceptance. If yes, please attach copy.</b>		
<b>Child has vision or hearing limitations that I would like the teacher to be aware of.</b>		
<b>Child has physical limitations that might limit participation in a classroom activity.</b>		
<b>Child has allergies, asthma, or other health issues that teacher should be aware of. Please list.</b>		
<b>Application Accepted</b>	Yes/No	Yes/No