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Application for Admission * Required Field

Student Information

*Full Name _____ Preferred Name _____
Last First Middle

*Street _____ *City _____ *State _____ *Zip _____

*Date of Birth _____ Date of Baptism _____ Male Female

Parent/Guardian Information

*Father's Full Name _____ Member of Immanuel _____
(If not a member, please say where you are a member)

*Mother's Full Name _____ Member of Immanuel _____
(If not a member, please say where you are a member)

Parents live together YES or NO
If NO, with whom does student live?

Name _____ Relationship _____

Custodial Parent Father Mother Other _____ Relationship _____

Should report cards, parent letters, etc., be sent to any other individuals? (Non-custodial parents, etc?)
YES NO If YES, Please provide complete mailing address for these mailings.

Father's Place of Employment _____

City _____ Bus. Phone(____) _____ Home Phone(____) _____

Cell Phone(____) _____ *E-Mail Address _____

(Please print clearly)

Mother's Place of Employment _____

City _____ Bus. Phone(____) _____ Home Phone(____) _____

Cell Phone(____) _____ *E-Mail Address _____

(Please print clearly)

Statements of Agreement and Support

As a parent, I agree to support and cooperate with the Immanuel Lutheran School and abide by its policies, rules and regulations, striving to be a supportive part of the Christian community of students, teachers, and family as we work together in God's name.

* Parent/Guardian Signature _____

Date _____

Total Registration Fee— \$325 Per Child, \$100 should be submitted with this application.

Office Use ONLY					
\$ _____	<input type="checkbox"/> Cash	<input type="checkbox"/> Ck.# _____	Date _____	<input type="checkbox"/> Church Mbr. _____	<input type="checkbox"/> Non-Mbr.



Application for Admission Date of Application _____

Insurance Information

Name of Insurance Company: _____ Policy#: _____

Covered under what name: _____ Authorized to call doctor: YES NO

Doctor: _____ Phone #: _____

Hospital Preferred: _____ Allergies: _____

Please specify any health concerns: _____

Please specify unique health instructions: _____

Emergency Contacts: (cannot be employee of school)

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

The following people are authorized to pick up my child(ren):

1. _____ 2. _____

3. _____ 4. _____

Other Information

Residence is in what public school district? _____

What school building would child attend if in public school? _____

How did you first hear about Immanuel Lutheran School? _____

Refund Policy

All registration and instructional fees are non-refundable. This enrollment form is an annual, binding agreement to pay tuition. I hereby understand & agree to this refund policy.

Authorized Signature

* _____
Parent/Guardian

Date



Tuition Information

*Name: _____

*Street _____ City _____ State _____ Zip _____

*Home Phone(____) _____ Work Phone(____) _____

Additional Students: Please list additional students enrolled at ILS from same family.

Immanuel Church Membership: Pastor's signature verifies membership tuition rate.

Pastor's Signature _____

I would like TADS &/or Building Blocks Application to apply for **Tuition Assistance**.
Applications are due by March 30.

K-8 Instructional Fee \$325 per child (\$100 of this fee is due at registration, Balance is due by May 21, 2010).

Tuition Rates

Member Student	\$3440	Non-Member Student	\$4300
Additional Student	\$3040	Additional Student	\$3770
Additional Student	\$2780	Additional Student	\$3420

Tuition Payment Options Please check the plan of your choice. Please check only one box.

*One of the available plans is to be selected at the time of registration. To enter a time payment plan after the first payment date has passed, prior month's payments must be made with the first payment.

A. One Payment Plan (Payment Due August 17th)

Member Student	\$3440	Non-Member Student	\$4300
Additional Student	\$3040	Additional Student	\$3770
Additional Student	\$2780	Additional Student	\$3420

B. Semester Payment Plan (Payment 1 Due-Aug.17th)(Payment 2 Due-Jan. 3rd)

Member Student	\$1720	Non-Member Student	\$2150
Additional Student	\$1520	Additional Student	\$1885
Additional Student	\$1390	Additional Student	\$1710

C. Quarterly Payment Plan (Payment 1 Due-Aug.17th, Payment 2-Oct.15th, Payment 3-Jan. 3rd, Payment 4-Mar.11th)

Member Student	\$ 860	Non-Member Student	\$1075
Additional Student	\$ 760	Additional Student	\$ 943
Additional Student	\$ 695	Additional Student	\$ 855

D. Monthly Payments

- 9 Monthly Payments: \$ _____ per month
- 10 Monthly Payments: \$ _____ per month
- 11 Monthly Payments: \$ _____ per month
- 12 Monthly Payments: \$ _____ per month

*Student Health Information

Date _____ Grade _____

Child's Name _____ Date of Birth _____ Sex _____

Local Physician's Name _____ Physician's Address _____ Physician's Telephone _____

Does Your Child Have:

Allergies	No	Yes	Specify _____
Asthma	No	Yes	Specify _____
Diabetes	No	Yes	Specify _____
Epilepsy/Seizures	No	Yes	Specify _____
Heart Condition	No	Yes	Specify _____
Orthopedic Problem	No	Yes	Specify _____
ADD/ADHD	No	Yes	Specify _____
Mental Health Con.	No	Yes	Specify _____

Has Your Child Had:

Serious Illness No Yes Specify _____

Does Your Child:

Have trouble seeing close work	No	Yes	Seeing at a distance	No	Yes
Wear glasses	No	Yes	Wear contact lenses	No	Yes
Have trouble hearing	No	Yes	Wear a hearing aid	No	Yes
Have a condition which prevents Participating in regular P.E.	No	Yes	Specify _____		
Severe nose bleeds	No	Yes	Comments _____		

Has Your Child Had the Disease (State Approximate Age):

Chicken Pox	No	Yes	Rheumatic Fever	No	Yes
Measles (Hard)	No	Yes	Other _____		
Measles (3 Day)	No	Yes	Other _____		
Mumps	No	Yes			

1. Child currently has health problems: Yes No If yes, explain briefly:

2 Child currently taking medication: Yes No If yes, list medicine(s):

I understand that I will be notified at once in case of accident or illness to my child, and I will make arrangements for medical care with the physicians or hospital of my choice. If I cannot be reached to make the necessary arrangements, or in a critical emergency requiring medical care, I hereby authorize Immanuel Lutheran School to provide medical care. In addition, I agree to the sharing of medical information with school faculty and staff on a need to know basis, including but not limited to medications, diagnosis, and physical restrictions or limitations.

* _____ * _____
 PRINT PARENT NAME PARENT SIGNATURE DATE