

# Immanuel Lutheran School

632 E. Hwy N. Wentzville, MO 63385 (636)639-9887  
FAX (636)639-9944 [www.ilcsw.net](http://www.ilcsw.net)



**19/20**

Aug. '19  
Grade

Reg. \$325.

Tuition:

## Application for Admission \*Required Field DATE Received: \_\_\_\_\_

### Student Information

TIME: \_\_\_\_\_

\*Full Name \_\_\_\_\_ Preferred Name \_\_\_\_\_  
Last First Middle

\*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)

\*Street \_\_\_\_\_ \*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip \_\_\_\_\_

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

\*Street \_\_\_\_\_ \*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip \_\_\_\_\_

Parents live together YES or NO

If NO, with whom does student live?

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Custodial Parent: Father Mother Other \_\_\_\_\_ Relationship \_\_\_\_\_  
(Please Circle)

Father's Place of Employment \_\_\_\_\_ Occupation \_\_\_\_\_

City \_\_\_\_\_ Bus. Phone(\_\_\_\_) \_\_\_\_\_ Home Phone(\_\_\_\_) \_\_\_\_\_

Cell Phone(\_\_\_\_) \_\_\_\_\_ \*E-Mail Address \_\_\_\_\_

(Please print clearly)

Mother's Place of Employment \_\_\_\_\_ Occupation \_\_\_\_\_

City \_\_\_\_\_ Bus. Phone(\_\_\_\_) \_\_\_\_\_ Home Phone(\_\_\_\_) \_\_\_\_\_

Cell Phone(\_\_\_\_) \_\_\_\_\_ \*E-Mail Address \_\_\_\_\_

(Please print clearly)

### Statement of Agreement

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 per child should be submitted with this application.**

#### Office Use ONLY

\$ \_\_\_\_\_ Cash   Ck.# \_\_\_\_\_ Date \_\_\_\_\_ Church Mbr. / Non-Mbr. DATE RECEIVED \_\_\_\_\_

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## 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? \_\_\_\_\_

**MUST PROVIDE**

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, that the deposit will not be refunded.**

## 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.

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**Immanuel Church Membership:** Membership tuition rate - Church Attendance will be strictly monitored. Members not attending 50% will be changed to Non-Member pricing.

**For Tuition Assistance**, please apply on-line. Applications are due by March 31. TAXES must be done in order to full out an application. **Assistance is NOT automatically renewed. New applications must be filled out each year by March 31st.**

**K-8 Instructional Fee** \* \$325 per child (**\$100.00 per child of this fee is due at registration**) \$225.00 Balance is due by May 24th, 2019.

**Tuition Rates \***

<b>1st Member Student</b>	\$4700.00	<b>Community Student</b>	\$5200.00
2nd Member Student	\$4400.00	Additional Student	\$4900.00
3rd Member Student	\$4200.00	Additional Student	\$4700.00

**Tuition Payment Options** Please check the plan of your choice. Please check only one box. **\*One of the available plans must 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 14th)

<b>1st Member Student</b>	\$4700.00	<b>Community Student</b>	\$5200.00
2nd Member Student	\$4400.00	Additional Student	\$4900.00
3rd Member Student	\$4200.00	Additional Student	\$4700.00
(& All Additional Students)		(& All Additional Students)	

**B. Semester Payment Plan** (Payment 1 Due-Aug.14th)(Payment 2 Due-Jan. 6th)

<b>1st Member Student</b>	\$2350.00	<b>Community Student</b>	\$2600.00
2nd Member Student	\$2200.00	Additional Student	\$2450.00
3rd Member Student	\$2100.00	Additional Student	\$2350.00

**C. Quarterly Payment Plan** (Payment 1 Due-Aug.14th, Payment 2-Oct. 18th, Payment 3-Jan. 6th, Payment 4-Mar. 13th)

<b>1st Member Student</b>	\$1175.00	<b>Community Student</b>	\$1300.00
2nd Member Student	\$1100.00	Additional Student	\$1225.00
3rd Member Student	\$1050.00	Additional Student	\$1175.00

**D. Monthly Payments**

- 10 Monthly Payments: \$ \_\_\_\_\_ per month (**Payments from \_\_\_\_\_ 2019-\_\_\_\_\_ 2020**)
- 11 Monthly Payments: \$ \_\_\_\_\_ per month (**Payments from \_\_\_\_\_ 2019-\_\_\_\_\_ 2020**)
- 12 Monthly Payments: \$ \_\_\_\_\_ per month (**Payments from \_\_\_\_\_ 2019-\_\_\_\_\_ 2020**)



## Academic Information

Last school attended: \_\_\_\_\_

Please list all previous schools attended:

\_\_\_\_\_  
\_\_\_\_\_

Yes No Has your child ever received any assistance through a public school district or private agency for speech or academic reason?

Yes No Can your child's name and picture be used on photo releases to newspaper or other media?

Yes No Are there any disciplinary records on file regarding your child?

**The following items are needed for new student's registration to be complete:**

- Copy of Birth Certificate (if not already on file)
- Updated Immunization Record (if not already on file)
- Physicals are required for new students & children entering Kindergarten. All students participating on athletic teams will also need a physical.

We believe in the Christian education that our child will receive at Immanuel Lutheran School. We agree to support the staff of Immanuel through prayers and assisting with 15 hours of volunteer service (per family, per year) to provide a quality education for our child.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_