## **IMMANUEL LUTHERAN SCHOOL ENROLLMENT FORM**

## 2019-2020 Registration fee is \$1,600 per child Congregational/Independent tuition rate \$4,423 per child

Educational Fee/Tuition payment method (check one)	Technology Fee	\$150.00
A) received a School Choice voucher and intend to reapply	(due Aug. 1st) Outdoor Ed (6th grade only)	per child \$75.00
B) intend to seek Scholarship Granting Organization (SG0) assistance	(due Sept. 1st) Washington DC Fee (due Oct. 1st)	per child \$50.00 per child
C) intend to pay fees and/or tuition without a voucher or SGO assistance (if C, please choose below)		
If choosing "C" please identify which payment option is preferred Option 1 (pay in full by August 1, 2019) Option 2 (automatic withdrawal) state frequency & amount (i.e. \$100x a		
month)         Other       (neither of the above) if neither, please share your intended payment i         "Promise to Pay" sheet	nethod on the	

STUDENT INFORMATION: Please respond carefully and completely. This information will help us to understand your child.

2 3 4 5 6	7 8 (circle o	one)		
			Male	Female
First	M	iddle		
		Zip		Phone#
	Baptismal Da	ate		
Is	he/she aware o	of adoption	n?	
regularly?				
		Grade	Phone#	
	Ci	ty	State	Zip
	First ear Is regularly?	First     M       City       Baptismal Date       car       Is he/she aware of       regularly?       Name of       Location	City Zip Baptismal Date ear Is he/she aware of adoption regularly? Name of church: Location: Grade	First       Middle         First       Middle         City       Zip         Baptismal Date       Baptismal Date         ear       Is he/she aware of adoption?         regularly?       Name of church:         Location:          Grade       Phone#

## Brothers & Sisters in the Student's home:

Name	Birthdate	School attending	Grade
Name	Birthdate	School attending	Grade
Name	Birthdate	School attending	Grade

What public elementary school serves your neighborhood?

Student lives with:		
Both parents	Mother & Stepfather	Guardian
Mother	Father & Stepmother	
Father	Grandparents	
Father's Name	Mother's Name	/
	First	Maiden
Occupation	Occupation	
E-mail	E-mail	
Employer	Employer	
Bus. Phone#	Bus. Phone#	
Cell# or Pager	Cell# or Pager	

Name and Denomination of church membership

Name	Denomination			
Step-father's Name	Step-mother's Name/			
	Maiden Married			
Occupation	Occupation			
E-mail	E-mail			
Employer	Employer			
Bus. Phone#	Bus. Phone#			
Cell# or Pager	Cell# or Pager			

Name and Denomination of church membership

## **EMERGENCY INFORMATION**

In case of emergency, we will contact the parents first. If needed, may you or your spouse be contacted at work? Yes\_\_\_\_ No\_\_\_\_ If we cannot reach the parents, we will then try to contact the following:

Name	Address	Phone#	Relationship	
Name	Address	Phone#	Relationship	
School Messenger preferred	phone number			
School Messenger preferred	e-mail address			
Weekly Warrior emailed: YesNo				

How d Outdoo	id you come to or sign	know about Imman	uel?	Friends/relatives Other(specify)	
		omeroom teacher Au or home visit			
CHILI	D DEVELOPM	ENT AND FAMILY	INFORM	<u>IATION</u>	
		Full term No		-	
	As a baby; wa e Alert _	s he/she curious?	Busy_	Fussy	Quiet
		oximate age did your Sentences		Creep Sit	Alone
If so, v	where? Has your child No Ex	d ever been tested for d ever been tested for plain:	Attention	Deficit Hyper A	ctivity Disorder?
Allergi Seizuro Give a	Speech defect of Medication: ies: Yes Explain: Explain: brief history o	_No	on: Yes _	No ken bones, operat	 ions or special
5. school	•	physical defects whi ed activities? Yes	No	If yes, pleas	1 1
6.	How long doe	s he/she sleep at nigh	nt?		
7.	Have there be terrors)	en any concerns rega	rding slee	p? (Explain i.e. d	luration, night
8.	Does your chi	ld have problems wa	king up?		
9.	Does your chi	ld have a good appet	ite?		

10.	Does he/she often seem listless and tired?					
11.	Are there any nervous habits? If yes, please explain					
12.	Which hand does your child show a preference for?					
13.	Does he/she have any fears? If yes, please explain					
14.	Should your ch	Should your child wear glasses? When?				
15.	How is his/her general cooperation with members of the family?					
16.		s he/she get along with f? same a				
17.	Does he/she pl	ay well by himself/her	rself?			
18.	How many pla	ymates does your chil	d have?	what age?		
19. 20.	Who?	How is	their relationship?_	e time?		
21. W	his/her needs.	items will help us bett Please check those wl Self confident	hich describe your c			
B	old	Shy	Easily discoura	agedGenerous		
Е	asy going	Insecure	Selfish	Indifferent		
D	Daydreams	Temper outbursts	Quiet	Short attention		
E	asily frustrated	Moody	Very active	Carefree		
O chara	Other acteristics:	Please	give details concern	ning any of the above		
	ent move to a new	any recent experience whome, serious illness	s, adoption, new job			
Name	e of person respo	nding				
Relat	ionship					
Signa The U	ature of parent/gu SDA and the State og	ardian f Indiana are equal opport	unity providers and em	_ Date		