

IMMANUEL LUTHERAN SCHOOL RE-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)

- A) _____ received a School Choice voucher and intend to reapply
- B) _____ intend to seek Scholarship Granting Organization (SGO) assistance
- C) _____ intend to pay fees and/or tuition without a voucher or SGO assistance
(if C, please choose below)

Technology Fee (due Aug. 1st)	\$150.00 per child
Outdoor Ed (6th grade only) (due Sept. 1st)	\$75.00 per child
Washington DC Fee (due Oct. 1st)	\$50.00 per child

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 method on the "Promise to Pay" sheet

Child's Last Name	First Name	Middle Name
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Address	City	Zip Code
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Home Phone	Male _____ Female _____	Grade Entering _____
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Birth Date	Baptismal Date	What public elementary school serves your neighborhood?
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STUDENT LIVES WITH:

_____ Parents	_____ Mother & Stepfather	_____ Father
_____ Mother	_____ Father & Stepmother	_____ Grandparents
_____ Guardian		

If parents are divorced, custody was granted to: _____ joint _____ mother _____ father

BROTHERS AND SISTERS IN THE HOME:

Name: _____ Birth date: _____ School Messenger preferred phone number: _____

Name: _____ Birth date: _____ _____

Name: _____ Birth date: _____ School Messenger preferred e-mail address _____

Weekly Warrior emailed: Yes _____ No _____ _____

Vision: Wears glasses: Yes _____ No _____ Hearing Aid: Yes _____ No _____

Regular Medication: Yes _____ No _____ Name of Medication: _____

Allergies: Yes _____ No _____ Explain: _____

Seizures: Yes _____ No _____ Explain: _____

Give a brief history of serious accidents, illness, broken bones, operations or special examinations, if **health problems**, require restricted activity or special attention:

Check preferred: Home Visit _____ School Visit _____

Father's Name: _____ Mother's Name: _____
 E-mail _____ E-mail _____
 Occupation: _____ Occupation: _____
 Employer: _____ Employer: _____
 Work phone: _____ Work phone: _____
 Cell # or pager: _____ Cell # or pager _____
 Name of Church membership _____
 Step-father's name _____ Step-mother's name _____
 E-mail _____ E-mail _____
 Occupation _____ Occupation _____
 Employer: _____ Employer: _____
 Work phone: _____ Work phone: _____
 Cell # or pager: _____ Cell # or pager _____
 Name 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
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Name	Address	Phone #	Relationship
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Name	Address	Phone #	Relationship
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Signature of Parent/Guardian _____ Date _____

Preferred visit with homeroom teacher August 2019 In School _____ Home _____

Directions to house for home visit _____

Only students who are re-enrolled will be assigned classrooms for the 2019-2020 school year.

Please return a deposit with the enrollment form.

"The USDA and the State of Indiana are equal opportunity providers and employers."