



Immanuel Lutheran School Elementary Application, Grades 1-5



Student Information:

Boy
 Girl
 Yes
 No

Last, First Middle Nickname Grade

_____-____-____
Date of Birth Birthplace: City, State Adopted?

Current School Baptism Date, if applicable

Current School Address (City, State) Where Baptized: Church Name, Denomination

Anticipated Enrollment School Year Baptismal Church's City, State

Family Information:

Parent(s) Names Church Membership? If so, where?

Home Address Email

City, State ZIP Home Phone Work Phone Cell Phone

Thank you for your interest in Immanuel Lutheran School! We sincerely appreciate people who take the time to check out educational options for their children. Your child will spend at least 6 hours each day at school; most likely that is more of his/her waking time than will be spent with you. During that time your child will be under the influence and guidance of a program and teachers that have tremendous potential to affect the growth of your child. Selecting the school that you wish to entrust with such responsibility is very important, and we thank you for considering Immanuel as a possibility.

In order to assess how Immanuel Lutheran School might best meet the needs of your child(ren), we ask that you submit copies of the following prior to enrollment:

- Non-refundable application fee of \$50.00, applied to registration upon enrollment
- Copy of birth certificate
- Copy of immunization records
- Most recent report card
- Last year's report card (if applying to grades 2-5)
- Most recent achievement/assessment test scores (FCAT, SAT, etc.)
- QUIC Math and Communications Assessments (grades 2- 5), given here
- Signed copy of Parent Agreement Form
- Signed copy of Parent Involvement Program form
- A copy of an Individual Educational Plan (IEP) or 504 Plan, if applicable

Has your child ever been tested for a specific learning disability or had a psychological evaluation? Yes No

If so, what were the results? _____

Has your child ever been enrolled in any special education classes? *Check all that apply:*

SLD _____ Speech _____ Gifted _____ Other _____
date date date type/date

Please rate your child's ability in each of the subject areas as you perceive them.

	<u>Above Average</u>	<u>Average</u>	<u>Below Average</u>
Math	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What do you expect Immanuel Lutheran School may provide that your child's previous school is not providing right now?

Anything else you would like to share? _____

Please let us know how you came to apply at Immanuel Lutheran School:

- Immanuel Lutheran Church member _____
- Sibling attends/attended Immanuel Lutheran School _____
- Recommendation by a current/former ILS family: *who?* _____
- Advertisement, please specify _____
- Other: please specify _____

We will administer a standardized test to each student before admission is granted. Your child's application and test results will be reviewed and you will be notified concerning enrollment at Immanuel Lutheran School. Thank you for your cooperation and for considering Immanuel Lutheran School for your child.

Office Use Only

- Application fee paid, date _____ cash/check
- Registration fee paid, date _____ cash/check