



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?

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Anything else you would like to share? \_\_\_\_\_

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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