Immanuel Lutheran School
Kindergarten Application

Student Information:

❑ Boy
❑ Girl

_____   _____   _____
Last,   First   Middle   Nickname   Grade

❑ Yes
Adopted? ❑ No

__ __ - __ __ - __ __ __ __   _____
Date of Birth   Birthplace: City, State

_____   _____
Current Preschool, if any   Baptism Date, if applicable

_____   _____
Current Preschool 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, applied to registration upon enrollment
❑ Copy of birth certificate
❑ Copy of School Entrance Health Exam (from your pediatrician)
❑ Copy of immunization record
❑ 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

What are your expectations from Immanuel Lutheran School?

_____

_____

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 _____