

PLEASE NOTE:

- Fill out a separate application for each child.
- Please use a blue or black pen
- Application must be signed.



Immanuel Lutheran

Church ✝ School ✝ Childcare

1626 Illinois Ave.
Sheboygan, WI 53081
(920) 452-9681 Phone
(900) 452-0102 Fax
immanuelschool@charter.net
www.immanuel-school.com

APPLICATION FOR ADMISSION 2012-13

Student _____
Last First Middle

Father/Mother _____
Last Father Mother

Address _____ City & Zip _____

Home Phone _____ Father Cell# _____ Mom Cell# _____ E-mail _____

Grade entering _____ Name and address of last school attended if new to Immanuel: _____

Student lives with: Both Parents Father Mother Guardian Step-father Step-mother Grandparent
(Circle all that apply)

Additional address for Parent mailings:

Name _____ Address _____

City & Zip _____ Phone _____

Birth date _____ Sex _____ S.S.# _____ Baptism/Dedication date _____
(optional)

Home congregation _____ Pastor's name _____

Denomination _____ Phone _____

Father's Employer _____ Work phone _____

Mother's Employer _____ Work phone _____

If parents are divorced or unmarried, is there any court restriction placed on parental rights? Yes _____ No _____

If yes, please explain: _____

Is this child adopted? Yes _____ No _____ (If yes does the child know of the adoption?) Yes _____ No _____

Emergency contacts if parents can't be reached (list in order of attempt):

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Family Doctor _____ Phone _____ Hospital _____

Upon my signature below: Immanuel Lutheran School has my permission, in case of an emergency, to contact the proper authorities (police, ambulance, another Doctor or take my child to the emergency room) if either my emergency contacts or I cannot be reached.

May we publish your address and phone number in our school directory? Yes _____ No _____

Does your child have any special educational needs? Yes _____ No _____ If yes, please explain:

Does your child have any severe allergies, physical needs or health limitations? Yes _____ No _____ If yes, please explain:

Does your child have any emotional or psychological needs that are currently being cared for by a professional? Yes _____ No _____ If yes, please explain: _____

Does your child need any special prescriptions medications? Yes _____ No _____ If yes, please explain: _____

Dismissal procedure: Bus _____ Walk _____ Car pool _____ Picked up by parent _____ Other _____ (explain)

Please list full name of each person authorized to pick up your child: _____

Immanuel Lutheran School admits students of any race, color, national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, scholarship, and loan programs and athletic or other school administered programs.

IMMANUEL LUTHERAN SCHOOL SCHEDULE OF FEES

Preschool 3

- Immanuel Member \$500.00
- Other LCMS \$600.00
- Other Denominations \$600.00

A \$200.00 credit will be given per family when 35 volunteer hours are met. At least two hours of your volunteer time needs to be served working at the Dart-ball or Basketball Tournament.

Junior Kindergarten

- Immanuel Member \$630.00
- Other LCMS \$735.00
- Other Denominations \$945.00

All three, four and five year old students need to have their immunization records on file with the school office prior to the first day of school.

Students entering Kindergarten are also encouraged to obtain an eye exam from a licensed optometrist as well as a hearing exam.

Kindergarten through 8th grade

- Immanuel Member \$840.00
- Other LCMS \$1312.50
- Other Denominations \$1785.00

\$1480.00 (2) children	\$2120.00 (3) children or more
\$2424.00 (2) children	\$3537.50 (3) children or more
\$3370.00 (2) children	\$4955.00 (3) children or more

I the undersigned parent or guardian for and in consideration of Immanuel Lutheran School accepting my child as a student in this school, agree to make all payments for educational fees and other necessary and normal charges in accordance with schedules for payment provided. I agree and understand that unless all payments are current, no transcripts regarding our child will be issued. The signature below testifies to the fact that there is awareness and support of all policies found in the Immanuel School Handbook.

Parent/Guardian signature _____ Date _____

Immanuel Lutheran School Mission Statement:
Immanuel Evangelical Lutheran School builds faith in Christ one child at a time.