

Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Please make a check payable to  
Immanuel Lutheran Church  
for the non-refundable  
application fee of \$100.00



Application for Admission  
(Grades K -8)  
Immanuel Lutheran School  
18 Clapboard Ridge Road  
Danbury, CT 06811  
(203) 748-7823

Name of Student \_\_\_\_\_ Age in Years \_\_\_\_\_ Months \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Grade to Enter \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Occupation \_\_\_\_\_ Business Name \_\_\_\_\_ Phone \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
**Email Address** \_\_\_\_\_ **Cell #** \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Occupation \_\_\_\_\_ Business Name \_\_\_\_\_ Phone \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
**Email Address** \_\_\_\_\_ **Cell #** \_\_\_\_\_

Marital Status \_\_\_\_\_

Name of Guardian (if different from above) \_\_\_\_\_ Relationship \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Occupation \_\_\_\_\_ Business Name \_\_\_\_\_ Phone \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Email Address \_\_\_\_\_

Is Student Baptized? Yes No **Gender:** Boy \_\_\_\_\_ Girl \_\_\_\_\_

Other children in the family:

Name	Age	Date of Birth	Baptized (Y/N)	Grade
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Person responsible for tuition \_\_\_\_\_ Relationship \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Church Affiliation	City, State	Pastor's Name	Member (Y/N)
Child _____	_____	_____	_____
Father _____	_____	_____	_____
Mother _____	_____	_____	_____

Educational History:

List all schools in which your child has been previously enrolled.

Name of school	Address	Grades Completed	Years
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

State any difficulties your child has experienced in school. \_\_\_\_\_  
\_\_\_\_\_

Has your child ever been referred to a Child Study Team? \_\_\_\_\_ If so, for what reason? \_\_\_\_\_  
\_\_\_\_\_

Recommendations \_\_\_\_\_

Who is the contact person? \_\_\_\_\_ May we contact him/her? \_\_\_\_\_

Has your child repeated one or more grades? \_\_\_\_\_ List grade(s) \_\_\_\_\_

Reason for applying to Immanuel Lutheran School \_\_\_\_\_  
\_\_\_\_\_

Were you referred to Immanuel by another family? \_\_\_\_\_ If so, please name the person(s) who recommended Immanuel \_\_\_\_\_

How did you learn about Immanuel Lutheran School? \_\_\_\_\_  
\_\_\_\_\_

Names of person(s) authorized to take your child(ren) home from school \_\_\_\_\_  
\_\_\_\_\_

List any individuals with whom your child should NOT leave school. \_\_\_\_\_  
\_\_\_\_\_

Health Information

Child's general health status \_\_\_\_\_ Specific health concerns \_\_\_\_\_

Is your child presently on medication? \_\_\_\_\_ If so, describe the type and reason for medication and state necessity, if any, for it being administered during school hours.

\_\_\_\_\_

Does your child have allergies? \_\_\_\_\_ If yes, please describe \_\_\_\_\_

\_\_\_\_\_

Primary Physician \_\_\_\_\_ Phone \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

If my child is admitted as a student of Immanuel Lutheran School, I understand that he/she is accepted for an initial probationary period of 45 academic days. During this time I will consult with the classroom teacher on a weekly basis regarding my child's academic progress and behavior.

I understand that my child's privileges as a member of the school are subject to conditions as outlined in the Parent Handbook.

I understand that Church and Sunday School attendance and participation is expected and I will support this aspect of our family's Religious education.

I agree to cooperate with the school administration, to attend meetings, and abide by all school regulations, and see that my child attends all mandatory functions. I am aware of the tuition policy and payment schedule. In the event legal fees are incurred as a result of non-payment of tuition, I understand I am responsible for these additional costs.

I agree to have my child's photo used for publicity and/or educational use. I agree that I will not receive any money in the event my child's photo is used, further I agree to waive any and all claims that I may have against Immanuel as a result of the used of said photo.

Parents' or Guardians' Signature \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_