

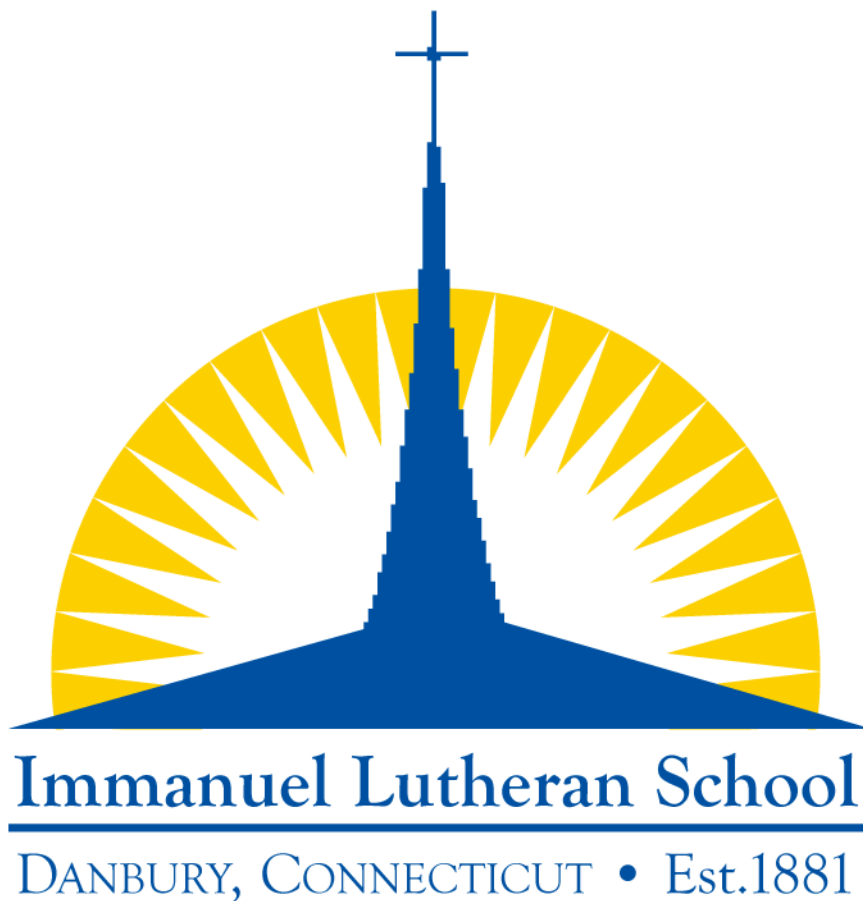
Name: \_\_\_\_\_

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

Please make a check payable to Immanuel Lutheran School for the non-refundable application fee of \$55.00

PRESCHOOL (Please check one)

- Three year old – 2 day class
- Four year old – 3 day AM class
- Four year old – 5 day PM class
- Four year old – 3 day PM class (limited enrollment)



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

Name of child \_\_\_\_\_ 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 \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Occupation \_\_\_\_\_ Business Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Marital Status  Married  Living Together  Separated  Divorced

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 \_\_\_\_\_

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 24 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.

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

\_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_