

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

**PREKINDERGARTEN (Please check one)**

\_\_\_\_\_ 3 year old Full Day class – 5 days (8:30am – 3:30pm)

\_\_\_\_\_ 3 year old Half Day AM class – 5 days (8:30am – 11:30am)

\_\_\_\_\_ 3 year old Half Day PM class – 5 days (12:30pm – 3:30pm)

\_\_\_\_\_ 3 year old Half Day AM class – 3 days M/W/F (8:30am – 11:30am)

\_\_\_\_\_ 3 year old Half Day PM class – 3 days M/W/F (12:30pm – 3:30pm)

\_\_\_\_\_ 4 year old Full Day class – 5 days (8:30am – 3:00pm)

\_\_\_\_\_ 4 year old Half Day AM class – 5 days (8:30am – 11:30am)

**GRADES K – 8**

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

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



18 Clapboard Ridge Road  
Danbury, CT 06811  
(203) 748-7823

[www.immanuelutheranschool.org](http://www.immanuelutheranschool.org)

Student Name: \_\_\_\_\_ Age in Years: \_\_\_\_\_ Months: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Grade to Enter: \_\_\_\_\_

Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female Is Student Baptized? \_\_\_\_\_ Yes \_\_\_\_\_ No

Ethnic Origin: \_\_\_ Amer. Indian \_\_\_ Asian \_\_\_ Black \_\_\_ Hispanic \_\_\_ White \_\_\_ Bi-Racial \_\_\_ Other \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Occupation: \_\_\_\_\_ Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Cell #: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Occupation: \_\_\_\_\_ Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Cell #: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced

Guardian Name (if different from above): \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Occupation: \_\_\_\_\_ Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Cell #: \_\_\_\_\_

Person responsible for tuition: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Other children in the family:

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

Church Affiliation	City, State	Member (Y/N)
Child _____	_____	_____
Father _____	_____	_____
Mother _____	_____	_____

EDUCATIONAL HISTORY

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

Name of school	City, State	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 family who referred you to 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(ren) 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: \_\_\_\_\_

Address: \_\_\_\_\_ 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 40 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 Student & Parent Handbook.

I give permission for my child's picture to be used in publicity and school publications. I understand that this may include Internet based advertising and the school website. 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 use of said photo.

I understand that our family's religious education is an important aspect of our lives and that church and Sunday school attendance and participation at my church is expected in order to further this 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 agree to make tuition payments in a timely manner. I am aware of the tuition policy and payment schedule and understand that in the event legal fees are incurred as a result of non-payment of tuition, I am responsible for these additional costs.

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

Date \_\_\_\_\_