

Student Name: _____

PREKINDERGARTEN (Please check one)

- _____ 3 year old Full Day class – 5 days (8:30am – 2:55pm)
- _____ 3 year old Half Day AM class – 5 days (8:30am – 11:30am)
- _____ 3 year old Half Day AM class – 3 days (8:30am – 11:30am)
- _____ 3 & 4 year old Full Day class – 3 days (8:30am – 2:55pm)
- _____ 4 year old Full Day class – 5 days (8:30am – 2:55pm)
- _____ 4 year old Half Day AM class – 5 days (8:30am – 11:30am)

GRADES K – 8 (8:30am – 2:55pm)

Grade: _____

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



Immanuel Lutheran School
18 Clapboard Ridge Road
Danbury, CT 06811
(203) 748-7823
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 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 Student & Parent Handbook.

I understand that my child's enrollment will be based on intent of longevity as well as other criteria 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 _____



We believe... in your child

Immanuel Lutheran School Admissions Checklist

Applying to ILS Kindergarten – Eighth Grade Basic Requirements Checklist:

- Attend an Open House or schedule a Private Tour
- Submit Application and \$100 non-refundable Application Fee
- Complete Testing with appropriate grade level teacher
- Complete the Release of Records form from your child's current school

After your child is accepted, you will need to:

- Register with Smart Tuition
- Provide medical records
- Provide a copy of the child's Birth Certificate
- Complete Registration packet
- Submit Student Activity Fee and Book Fee

