

# IMMANUEL LUTHERAN SCHOOL ENROLLMENT FORM

2021-2022

<b>Registration Fee</b>	<b>\$1,750.00</b> per child	<b>Technology Fee</b> (due Aug. 1st)	\$150.00 per child
<b>Congregational/Independent Tuition rate</b>	<b>\$4,823.00</b> per child	<b>Outdoor Ed (6th grade only)</b> (due Sept. 1st)	\$75.00 per child
		<b>Washington DC Fee</b> (due Oct. 1st)	\$50.00 per child

*STUDENT INFORMATION: Please respond carefully and completely. This information will help us to understand your child.*

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

\_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Last Name First Middle

\_\_\_\_\_ Address City Zip Phone#

\_\_\_\_\_ Birthday \_\_\_\_\_ Baptismal Date \_\_\_\_\_  
Month/Day/Year

Is child adopted? \_\_\_\_\_ Is he/she aware of adoption? \_\_\_\_\_

Does child attend church regularly? \_\_\_\_\_ Name of church: \_\_\_\_\_  
Location: \_\_\_\_\_

School last attended \_\_\_\_\_ Grade \_\_\_\_\_ Phone# \_\_\_\_\_

\_\_\_\_\_ Address \_\_\_\_\_  
Street City State Zip

Brothers & Sisters in the Student's home:

\_\_\_\_\_ Name Birthdate School attending Grade

\_\_\_\_\_ Name Birthdate School attending Grade

\_\_\_\_\_ Name Birthdate School attending Grade

What public elementary school serves your neighborhood? \_\_\_\_\_

**Student lives with:**

<input type="checkbox"/> Both parents	<input type="checkbox"/> Mother & Stepfather	<input type="checkbox"/> Guardian
<input type="checkbox"/> Mother	<input type="checkbox"/> Father & Stepmother	
<input type="checkbox"/> Father	<input type="checkbox"/> Grandparents	

Father's Name _____ Address _____ (if different from front page)	Mother's Name _____ / _____ First Maiden Address _____ (if different from front page)
Occupation _____ E-mail _____ Employer _____ Bus. Phone# _____ Cell# _____	Occupation _____ E-mail _____ Employer _____ Bus. Phone# _____ Cell# _____

Name and Denomination of church membership

_____	_____
Name	Denomination

Step-father's Name _____	Step-mother's Name _____ / _____ Maiden Married
Occupation _____ E-mail _____ Employer _____ Bus. Phone# _____ Cell# _____	Occupation _____ E-mail _____ Employer _____ Bus. Phone# _____ Cell# _____

Name and Denomination of church membership

_____	_____
Name	Denomination

If your child has experienced any previous difficulty in school, please note source and nature of difficulty. \_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY INFORMATION**

In case of emergency, we will contact the parents first. If needed, may you or your spouse be contacted at work? Yes\_\_\_\_\_ No\_\_\_\_\_ **If we cannot reach the parents, we will then try to contact the following:**

_____	_____	_____	_____
Name	Address	Phone#	Relationship

_____	_____	_____	_____
Name	Address	Phone#	Relationship

School Messenger preferred phone number \_\_\_\_\_

School Messenger preferred e-mail address \_\_\_\_\_

Weekly Warrior emailed: Yes\_\_\_\_\_No\_\_\_\_\_

How did you come to know about Immanuel? Friends/relatives \_\_\_\_\_  
Outdoor sign \_\_\_\_\_ Brochure \_\_\_\_\_ Other(specify) \_\_\_\_\_

Preferred visit with homeroom teacher August 2021 In School \_\_\_\_\_ Home \_\_\_\_\_  
Directions to house for home visit \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CHILD DEVELOPMENT AND FAMILY INFORMATION

1. Pregnancy: Full term \_\_\_\_\_ Normal \_\_\_\_\_ Complications \_\_\_\_\_ (Please give details) \_\_\_\_\_  
\_\_\_\_\_

2. As a baby; was he/she curious? \_\_\_\_\_ Busy \_\_\_\_\_ Fussy \_\_\_\_\_ Quiet \_\_\_\_\_  
Passive \_\_\_\_\_ Alert \_\_\_\_\_

3. At what approximate age did your child: Creep \_\_\_\_\_ Sit Alone \_\_\_\_\_  
Talk: Words \_\_\_\_\_ Sentences \_\_\_\_\_

4. Has your child ever been tested for a learning disability? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, where? \_\_\_\_\_  
Has your child ever been tested for Attention Deficit Hyper Activity Disorder?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Explain: \_\_\_\_\_  
Vision: Wears glasses: Yes \_\_\_\_\_ No \_\_\_\_\_ Hearing Aid: Yes \_\_\_\_\_ No \_\_\_\_\_  
Speech defects? Regular Medication: Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Food Allergies: Yes \_\_\_\_\_ No \_\_\_\_\_

Explain: \_\_\_\_\_

Seizures: Yes \_\_\_\_\_ No \_\_\_\_\_

Explain: \_\_\_\_\_

Give a brief history of serious accidents, illness, broken bones, operations or special examinations, if health problems require restricted activity or special attention:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Are there any physical defects which would limit your child's participation in school or school related activities? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

6. How long does he/she sleep at night? \_\_\_\_\_

7. Have there been any concerns regarding sleep? (Explain i.e. duration, night terrors)  
\_\_\_\_\_  
\_\_\_\_\_

8. Does your child have problems waking up? \_\_\_\_\_

9. Does your child have a good appetite? \_\_\_\_\_

10. Does he/she often seem listless and tired? \_\_\_\_\_

11. Are there any nervous habits? \_\_\_\_\_ If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

12. Which hand does your child show a preference for? \_\_\_\_\_

13. Does he/she have any fears? \_\_\_\_\_ If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

14. Should your child wear glasses? \_\_\_\_\_ When? \_\_\_\_\_

15. How is his/her general cooperation with members of the family? \_\_\_\_\_  
\_\_\_\_\_

16. How well does he/she get along with other children that are younger than  
himself/herself? \_\_\_\_\_ same age? \_\_\_\_\_ older? \_\_\_\_\_

17. Does he/she play well by himself/herself? \_\_\_\_\_

18. How many playmates does your child have? \_\_\_\_\_ what age? \_\_\_\_\_

19. Is there another person who cares for him/her part of the time? \_\_\_\_\_  
Who? \_\_\_\_\_ How is their relationship? \_\_\_\_\_

20. What is of special interest to your child? \_\_\_\_\_

21. The following items will help us better understand your child and be alert to  
his/her needs. Please check those which describe your child:

\_\_\_ Worries      \_\_\_ Self confident      \_\_\_ Enthusiastic      \_\_\_ Self-conscious

\_\_\_ Bold      \_\_\_ Shy      \_\_\_ Easily discouraged      \_\_\_ Generous

\_\_\_ Easy going      \_\_\_ Insecure      \_\_\_ Selfish      \_\_\_ Indifferent

\_\_\_ Daydreams      \_\_\_ Temper outbursts      \_\_\_ Quiet      \_\_\_ Short attention

\_\_\_ Easily frustrated      \_\_\_ Moody      \_\_\_ Very active      \_\_\_ Carefree

\_\_\_ Other \_\_\_\_\_ Please give details concerning any of the above  
characteristics: \_\_\_\_\_

22. Has there been any recent experiences which may have affected your child? (i.e.  
a recent move to a new home, serious illness, adoption, new jobs, death, divorce,  
separation) \_\_\_\_\_

Name of person responding \_\_\_\_\_

Relationship \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

*The USDA and the State of Indiana are equal opportunity providers and employers."*