





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

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: \_\_\_\_\_

Does your child have a 504 plan \_\_\_\_\_ or IEP \_\_\_\_\_ (individualized learning plan)  
from another school or school district?

Vision: Wears glasses: Yes \_\_\_\_\_ No \_\_\_\_\_ Hearing Aid: Yes \_\_\_\_\_ No \_\_\_\_\_  
Speech defects? Yes \_\_\_\_\_ No \_\_\_\_\_ 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. Does he/she have any fears? \_\_\_\_\_ If yes, please explain \_\_\_\_\_

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

14. Does he/she get along with other children? \_\_\_\_\_

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

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

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

18. 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: \_\_\_\_\_

19. 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 \_\_\_\_\_



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**MISSION: TO ASSIST PARENTS BY PROVIDING A CHRIST-CENTERED COMPREHENSIVE EDUCATION SO THAT STUDENTS LIVE A LIFE OF SERVICE TO GOD.**

Dear Parents,

Thank you for your interest in Immanuel Lutheran School. We have adopted an admissions policy that opens the school to spiritually like-minded families who are supportive of our philosophy, beliefs, and standards of education. Our purpose is to serve families who desire, not simply a private education, but a distinctively Christian education for their children.

Before applying for admission to Immanuel, please read the Parent Handbook provided for you. Copies are available in the school office. The Parent Handbook will introduce you to many of the school's policies, procedures, and expectations for parents and students.

The first few pages of the Handbook explain our purpose and religious beliefs. This school unashamedly believes, teaches, and practices salvation through Jesus Christ and acknowledges the authority of God's Word, the Holy Scriptures, without reservation. For example, suppose a question regarding biblical lifestyles arises in chapel worship or your child's classroom. In that case, the teacher will answer from a biblical viewpoint consistent with our mission and belief statements. If your beliefs and lifestyle choices are not in agreement with our beliefs, the teacher's answer may create conflict in your child's heart and mind.

Biblical principles are integrated into every subject taught at our school. Our staff is committed not only to academic excellence but also to teaching students how to apply the truths of God's Word to every aspect of life. If you are in agreement with the teachings of God's Word, this school will complement the beliefs and ideals your child is taught at home. We look forward to partnering with you to educate your child in God's truth.

I understand that the services of the school are engaged by mutual consent and that either the school or I serve the right to terminate any or all services at any time. I understand that this Handbook does not contractually bind Immanuel Lutheran School and is subject to change without notice by decision of Immanuel Lutheran School's board of education.

I hereby affirm that I have read the Parent Handbook. I certify that I consent to and will submit to all governing policies of the school as outlined in the Parent Handbook.

\_\_\_\_\_  
Mother (guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father (guardian)

\_\_\_\_\_  
Date