

Student lives with:

_____ Both parents _____ Mother & Stepfather _____ Guardian
_____ Mother _____ Father & Stepmother
_____ Father _____ Grandparents

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

Name and Denomination of church membership

_____ Name _____ Denomination _____

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