

IMMANUEL LUTHERAN SCHOOL RE-ENROLLMENT FORM

2022-2023 Registration fee is \$2,100 per child Congregational/Independent tuition rate \$4,940 per child

Educational Fee/Tuition payment method (check one)

- A) _____ received a School Choice voucher (21-22) and intend to reapply
- B) _____ received Scholarship Granting Organization (SGO) assistance (21-22) and intend to apply for School Choice Voucher
- C) _____ intend to seek Scholarship Granting Organization (SGO) assistance
- D) _____ intend to pay fees and/or tuition without a voucher or SGO assistance (if D, please choose below)

Technology Fee (due Aug. 1st)	\$150.00 per child
Outdoor Ed (6th grade only) (due Sept. 1st)	\$75.00 per child
Washington DC Fee (due Oct. 1st)	\$50.00 per child

If choosing "D" please identify which payment option is preferred

- Option 1 _____ (pay in full by August 1, 2022)
- Option 2 _____ (automatic withdrawal) state frequency & amount (i.e. \$100x a month) _____
- Other _____ (neither of the above) if neither, please share your intended payment method on the "Promise to Pay" sheet

Child's Last Name _____ First Name _____ Middle Name _____

Address _____ City _____ Zip Code _____

Home Phone _____ Male _____ Female _____ Grade Entering _____

Birth Date _____ Baptismal Date _____ What public elementary school serves your neighborhood? _____

STUDENT LIVES WITH:
 _____ Parents _____ Mother & Stepfather _____ Father
 _____ Mother _____ Father & Stepmother _____ Grandparents
 _____ Guardian

If parents are divorced, custody was granted to: ___ joint ___ mother ___ father

BROTHERS AND SISTERS IN THE HOME:

Name: _____ Birth date: _____ School Messenger preferred phone number: _____
 Name: _____ Birth date: _____ _____
 Name: _____ Birth date: _____ School Messenger preferred e-mail address _____
 Weekly Warrior emailed: Yes _____ No _____

Vision: Wears glasses: Yes _____ No _____ Hearing Aid: 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:

Father's Name: _____

Mother's Name: _____

Address _____
(if different from front page)

Address _____
(if different from front page)

E-mail _____

E-mail _____

Occupation: _____

Occupation: _____

Employer: _____

Employer: _____

Work phone: _____

Work phone: _____

Cell # or pager: _____

Cell # or pager _____

Name of Church membership _____

Step-father's name _____

Step-mother's name _____

E-mail _____

E-mail _____

Occupation _____

Occupation _____

Employer: _____

Employer: _____

Work phone: _____

Work phone: _____

Cell # or pager: _____

Cell # or pager: _____

Name of Church membership _____

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
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Name	Address	Phone #	Relationship
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Signature of Parent/Guardian _____ Date _____

Only students who are re-enrolled will be assigned classrooms for the 2022-2023 school year.
Please return a deposit with the enrollment form.

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