

# IMMANUEL LUTHERAN SCHOOL RE-ENROLLMENT FORM

2024-2025 Registration & Tuition \$8480.00

(Registration and tuition: reflects total costs before congregational sponsorship, school choice vouchers, SGO scholarship, and internal financial assistance is applied.)

## Educational Fee/Tuition payment method (check one)

- A) \_\_\_\_\_ received a School Choice voucher (23-24) and intend to reapply
- B) \_\_\_\_\_ intend to seek Scholarship Granting Organization (SGO) assistance
- C) \_\_\_\_\_ intend to pay fees and/or tuition without a voucher or SGO assistance

Technology Fee (due Aug. 1st)	\$225.00 per child
Outdoor Ed (6th grade only) (due Sept. 1st)	\$100.00 per child
Washington DC Fee (due Oct. 1st)	\$50.00 per child

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

Option 1 \_\_\_\_\_ (pay in full by August 1, 2024)

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 #: \_\_\_\_\_

Cell #: \_\_\_\_\_

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 #: \_\_\_\_\_

Cell #: \_\_\_\_\_

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 2024-25 school year.**

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



**Immanuel**  
LUTHERAN SCHOOL

520 South Chestnut Street, Seymour, IN 47274

Phone: 812-522-1301 Fax 812-523-2186

Email: [web@immanuelsschool.org](mailto:web@immanuelsschool.org)

Dr. Todd Behmlander, principal [tgb@immanuelsschool.org](mailto:tgb@immanuelsschool.org)

**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