

IMMANUEL LUTHERAN SCHOOL RE-ENROLLMENT FORM

2025-2026 Registration & Tuition \$8630.00

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

Technology Fee	\$285.00 per child
Washington DC Fee	\$75.00 per child
Outdoor Ed (6th grade only)	\$130.00 per child



Grade Entering _____

Male ___ Female ___

Child's Last Name _____

First Name _____

Middle Name _____

Address _____

City _____

Zip Code _____

Home Phone _____

What public elementary school serves your neighborhood?

Birth Date _____

Baptismal Date _____

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: _____

Name: _____ Birth date: _____

Name: _____ Birth date: _____

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 _____

School Messenger preferred phone number: _____

School Messenger preferred e-mail address: _____

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

Signature of Parent/Guardian _____ Date _____

Only students who are re-enrolled will be assigned classrooms for the 2025-2026 school year.

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