

# IMMANUEL LUTHERAN SCHOOL RE-ENROLLMENT FORM

**2020-2021 Registration fee is \$1,650 per child    Congregational/Independent tuition rate \$4,673 per child**

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

- A) \_\_\_\_\_ received a School Choice voucher 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  
(if C, please choose below)

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

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

- Option 1 \_\_\_\_\_ (pay in full by August 1, 2020)
- 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?
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**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 \_\_\_\_\_

Preferred visit with homeroom teacher August 2020 In School \_\_\_\_\_ Home \_\_\_\_\_

Directions to house for home visit \_\_\_\_\_

**Only students who are re-enrolled will be assigned classrooms for the 2020-2021 school year.**  
Please return a deposit with the enrollment form.

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