

IMMANUEL LUTHERAN SCHOOL RE-ENROLLMENT FORM

2021-2022 Registration fee is \$1,750 per child Congregational/Independent tuition rate \$4,823 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)

Technology Fee	\$150.00
(due Aug. 1st)	per child
Outdoor Ed (6th grade only)	\$75.00
(due Sept. 1st)	per child
Washington DC Fee	\$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, 2021)
- 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 2021 In School _____ Home _____

Directions to house for home visit _____

Only students who are re-enrolled will be assigned classrooms for the 2021-2022 school year.
Please return a deposit with the enrollment form.

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