

## Immanuel Lutheran School Middle School Application, Grades 6-8



## Student Information:

						Girl
Last,	First	Middle		Nickname	Grade	□Yes
Date of Birth			Birthplace: City, Sta	te	Adopted?	□No
Current School			Baptism Date, if app	licable		
Current School Address (include City, State ZIP)		Where: Church Name, Denomination, City, State				
Family Informa	ation:		Anticipated Enrollme	ent School Year		
Parent(s) Names			Church Membership	o? If so, where?		
Home Address			Email			
City, State ZIP			Home Phone	Work Phone	Cell Phone	

Thank you for your interest in Immanuel Lutheran School! We sincerely appreciate people who take the time to check out educational options for their children. Your child will spend at least 6 hours each day at school; most likely that is more of his/her waking time than will be spent with you. During that time your child will be under the influence and guidance of a program and teachers that have tremendous potential to affect the growth of your child. Selecting the school that you wish to entrust with such responsibility is very important, and we thank you for considering Immanuel as a possibility.

In order to assess how Immanuel Lutheran School might best meet the needs of your child(ren), we ask that you submit/complete the following prior to enrollment:

- □ Non-refundable application fee of \$35.00
- Copy of immunization records
- Copy of birth certificate
- □ Most recent report card
- Last year's report card
- □ Most recent achievement test scores (FCAT, SAT, etc.)
- **QUIC** Math and Communications Assessments (given here)
- Completed Middle School Survey
- Signed copy of Parent Agreement Form
- Signed copy of Parent Involvement Program form
- A copy of an Individual Educational Plan (IEP) or 504 Plan, if applicable.

Has your child ever been tested for a specific learning disability or had a psychological evaluation?  $\Box$  Yes  $\Box$  No

lfco	what were the results?	
11 50,		

Has your child ever been enrolled in any special education classes? Check all that apply:

	Speech	Gifted	• Other	
date	date	date	type/date	

Please	rate your child's ability ir Math Reading Writing Skills	a each of the subject <u>Above Average</u>	areas as you perce <u>Average</u>	eive them. <u>Below Average</u>	
What d	o you expect Immanuel I	utheran School ma	y provide that your	child's previous school is	s not providing right now?
Anythir	ng else you would like to	share?			
_	let us know how you car				
	-				
	Recommendation by a	current/former ILS fa	amily: <i>who</i> ?		
	Advertisement, please s	specify			
	Other: please specify _				

We will administer a standardized test to each student before admission is granted. Your child's application and test results will be reviewed and you will be notified concerning enrollment at Immanuel Lutheran School. Thank you for your cooperation and for considering Immanuel Lutheran School for your child.

Office Use Only
Application fee paid, date cash/check
Registration fee paid, date cash/check