

Immanuel Lutheran School Elementary Application, Grades 1-5

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	17

Student Information:

Last,	First	Middle		Nickname	Grade	
					Adopted?	
Date of Birth			Birthplace: City, Sta	te		
Current School		Baptism Date, if app	licable			
Current School Address (City, State)		Where Baptized: Ch	urch Name, Denomination			
Anticipated Enrollment School Year		Baptismal Church's	City, State			
Family Informa	ation:					
Parent(s) Names		Church Membership? 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 copies of the following prior to enrollment:

- □ Non-refundable application fee of \$50.00, applied to registration upon enrollment
- Copy of birth certificate
- Copy of immunization records
- □ Most recent report card
- Last year's report card (if applying to grades 2-5)
- □ Most recent achievement/assessment test scores (FCAT, SAT, etc.)
- QUIC Math and Communications Assessments (grades 2- 5), given here
- □ 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

If so, what were the results? _____

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

	Geech	Gifted	Other	
date	date	date	type/date	

Please rate your child's ability in each of the subject areas as you perceive them.

	Above Average	<u>Average</u>	Below Average
Math			
Reading			
Writing Skills			

What do you expect Immanuel Lutheran School may provide that your child's previous school is not providing right now?

Anything else you would like to share? _____

Please let us know how you came to apply at Immanuel Lutheran School:

Immanuel Lutheran Church member
Sibling attends/attended Immanuel Lutheran School
Recommendation by a current/former ILS family: <i>who</i> ?
Advertisement, please 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.

Application fee paid, date cash/check	
Registration fee paid, date cash/check	