

# **Application for Enrollment**



## **Immanuel Lutheran School**

214 West Fifth Street  
Washington, MO 63090

636.239.1636

Mr. Nick Hopfensperger  
School Principal

Mr. Alan Wunderlich  
Assistant Principal

The Rev. Dr. Mark Bangert  
Pastor

**Student Application Form***Date of Application* \_\_\_\_\_***Student's Information******Gender***    M    F***Child prefers to be called:***  
\_\_\_\_\_\_\_\_\_\_  
Last                      First                      Middle\_\_\_\_\_  
Mailing Address\_\_\_\_\_  
City                      State                      Zip Code***Entering Grade***

3 yr. old    4 yr. old    K

*Lower*    1<sup>st</sup>    2<sup>nd</sup>    3<sup>rd</sup>    4<sup>th</sup>*Upper*    5<sup>th</sup>    6<sup>th</sup>    7<sup>th</sup>    8<sup>th</sup>***Previous School(s) Attended***  
\_\_\_\_\_***Date of Birth***  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month / Day / Year***In which public school district (and elementary school within that district) do you live?***  
\_\_\_\_\_***Social Security Number***  
\_\_\_\_\_***Marital status of parents:***    \_\_\_ *Married*    \_\_\_ *Single*    \_\_\_ *Divorced*    \_\_\_ *Separated****Father's Information***\_\_\_\_\_  
First                      Last\_\_\_\_\_  
Home Phone\_\_\_\_\_  
Mailing Address\_\_\_\_\_  
Cell Phone\_\_\_\_\_  
City                      State                      Zip Code\_\_\_\_\_  
Work Phone\_\_\_\_\_  
Email address\_\_\_\_\_  
Occupation / Employer***Mother's Information***\_\_\_\_\_  
First                      Last                      (Maiden)\_\_\_\_\_  
Home Phone\_\_\_\_\_  
Street\_\_\_\_\_  
Cell Phone\_\_\_\_\_  
City                      State                      Zip Code\_\_\_\_\_  
Work Phone\_\_\_\_\_  
Email address\_\_\_\_\_  
Occupation / Employer***Child lives with:***           *Mother*           *Father*           *Both Parents*           *Guardian*

**Child's Ethnicity:**  *Caucasian*     *American Indian*     *Asian*  
 *Hispanic*     *African American*     *Other / Multi-Racial*

***Other Children in the Family***

\_\_\_\_\_  
First                      Last                      Age

\_\_\_\_\_  
First                      Last                      Age

\_\_\_\_\_  
First                      Last                      Age

\_\_\_\_\_  
First                      Last                      Age

***Family Church Membership***

\_\_\_\_\_  
Name of Church

Is the child baptized? Yes \_\_\_ No \_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of the child's baptism

If not, are you interested in having your child baptized? Yes \_\_\_ No \_\_\_

Interested in membership at Immanuel Lutheran Church? Yes \_\_\_ No \_\_\_

***How did you first hear about Immanuel?***     Drive by the school     Internet

Mail brochure     Personal referral     Live near school     Church

Other: \_\_\_\_\_

***Student Background - To best meet the needs of your child, please answer the following questions:***

Are there any medical concerns that Immanuel should be aware of?     Yes     No

If yes, explain: \_\_\_\_\_

Has your child received any Special Education services?     Yes     No

If yes, explain: \_\_\_\_\_

Has your child received any emotional or psychological counseling?     Yes     No

If yes, explain: \_\_\_\_\_

Has this child experienced major discipline / conduct problems?     Yes     No

If yes, explain: \_\_\_\_\_

***Student Background***

*To better meet the needs of your child, please answer the following questions about your child:*

Please describe the academic strengths of your child. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Which academic area is the most difficult for your child? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Describe your child's personality. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What does your child enjoy doing in his / her free time? What hobbies does he / she have? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

***Why are you considering Immanuel Lutheran School?*** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

***Contractual Agreement***

We the undersigned agree to:

1. Fulfill my financial obligation to pay tuition and fees as billed in a timely manner.
2. Abide by the guidelines and rules as outlined in the Family Handbook.
3. Support and endorse the various programs of Immanuel Lutheran School.

Parent's Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_

***Return this completed application and the registration fees to the school office.***