

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

Rev. Dr. Mark Bangert
Pastor

Application for Enrollment

Email address _____		Occupation / Employer _____
Child lives with: <input type="checkbox"/> <i>Mother</i> <input type="checkbox"/> <i>Father</i> <input type="checkbox"/> <i>Both Parents</i> <input type="checkbox"/> <i>Guardian</i>		
Other Children in the Family		Family Church Membership
_____	_____	_____
First	Last	Age
_____	_____	_____
First	Last	Age
_____	_____	_____
First	Last	Age
Name of Church _____		Is the child baptized?
_____		<input type="checkbox"/> Yes <input type="checkbox"/> No
_____		Date of the child's baptism _____
How did you first hear about Immanuel? <input type="checkbox"/> Drive by the school <input type="checkbox"/> Internet		
<input type="checkbox"/> Mail brochure <input type="checkbox"/> Personal referral <input type="checkbox"/> Live near school <input type="checkbox"/> Church		
<input type="checkbox"/> Other: _____		
Why are you considering Immanuel Lutheran School? _____		

Student Background		
<i>To better meet the needs of your child, please answer the following questions about your child:</i>		
Are there any medical concerns that Immanuel should be aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, explain: _____		
Does your child have any Special Education needs? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, explain: _____		

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Has your child received any tutoring in the past? _____ 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 the personality of your child. _____

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

School Directory Agreement

I grant permission for my name, address, phone number, and email address along with my child's name to be included in the Parent Directory that will be given to all school families.

Parent's Printed Name _____ Date _____

Parent's Signature _____

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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.