



2009/2010 Enrollment Application
Preschool—8th grade

Please complete both sides of enrollment application and return with tuition policy agreement and registration fee to the school office. A copy of new students' previous school records/transcripts along with a completed Colorado Immunization form and physical must be forwarded to the school office before acceptance can be given.

Current Student [] Previous Student [] Sibling of Student [] New Student [] ALL STUDENTS FILL OUT: 2009-2010 Grade: _____
Preschool: Terrific Threes [] Fantastic Fours [] Fabulous Fives []
Kindergarten: AM [] Full Day []

Full name of child: _____ Date of Birth: ____/____/____ Age: _____
Home address: _____ City, State: _____ Zip: _____
Gender (circle one) M or F Church member of _____ in City: _____
Child's ethnic origin (check one—required for the preparation of regulatory reports)
African American ___ Asian ___ Caucasian ___ Hispanic ___ Native American ___ Other ___

NEW STUDENTS FILL OUT:
Previous school attended: _____ Dates attended: _____
How did you hear of Immanuel? Reporter-Herald ___ immanuelloveland.org website ___ Internet search ___
Phone Book ___ Word of Mouth (give name) _____
Other (please list) _____

IN THIS SECTION, PLEASE LIST PARENTS, STEPPARENTS, OR GUARDIANS WITH WHOM THE CHILD IS PRESENTLY RESIDING.

FATHER MOTHER
Name: _____ Name: _____
Occupation: _____ Occupation: _____
Employer: _____ Employer: _____
Home phone: _____ Home phone: _____
Work phone: _____ Work phone: _____
Cell phone: _____ Cell phone: _____

Sibling Information:
Name: _____ Age: _____ School Attending: _____
Name: _____ Age: _____ School Attending: _____
Name: _____ Age: _____ School Attending: _____

EMAIL INFORMATION:
Please list family email address: _____ alt . _____

These listed email addresses are where the weekly Sonshine Line (via pdf file) will be sent. Please check if you do NOT want the Sonshine Line sent to this email address. The Sonshine Line will also be posted on the www.immanuelloveland.org.

REGISTRATION RATES (per student) NON-REFUNDABLE
Preschool = \$65 Half Day Kindergarten = \$140 Full Day Kindergarten—5th = \$240 6th—8th Grade—\$250
Maximum family registration (P-8) not to exceed \$700

Please turn over and continue. Thank you!

HEALTH INFORMATION

1. Are there any limitations of vision or hearing in which our school could help your child, as in proper seating assignment or other action? YES NO

If YES, please explain: _____

2. Are there any physical handicaps which would limit participation in any classroom activity? YES NO

If YES, please explain: _____

3. Has your child ever been identified with special educational needs or had an IEP or 504? YES NO

If YES, please explain: _____

4. Are there any allergies, asthma, or other complications the teacher should be aware of? YES NO

If YES, please explain: _____

PARENT/GUARDIAN PERMISSION FOR NAME/PICTURE TO BE PUBLISHED IN THE FOLLOWING:

By initialing each item, you are giving your permission for your student's name and photo to be used in each of these areas. The school directory is published once a year and includes family name, address, and phone number.

School and Church Brochures Initial Here _____ Reporter-Herald (and other newspapers) Initial Here _____

Sonshine Line weekly school newsletter _____ Website _____

Yearbook _____ School Directory _____

Honor Roll (Middle School) _____ **Make sure you have initialed, not checked each item to give your approval.**

PARENT'S STATEMENT OF INTENT

- 1. We believe that PARENTS are responsible for the Christian education of their children. I understand that the function of Immanuel Lutheran School is to assist Christian families in this responsibility by helping each pupil to grow in Christian love and faith, Christian character, and academic excellence.
- 2. We desire a quality Christ-centered education for our child(ren). We believe that Immanuel Lutheran School will provide this type of education for our child(ren). We understand that quality Christian education includes a partnership between the parents, teachers, and the school. We will, therefore, include Immanuel Lutheran School in our prayers and seek to keep open lines of communication with the school.
- 3. We will fully support the school's program and will encourage our child(ren) to accept all school policies and procedures as outlined in the Student Handbook.
- 4. We will promptly meet our financial obligations as designated by the Board of Christian Day School and stated in the Handbook.

_____ *Date* _____ *Parent/Guardian's Signature*

STUDENT'S STATEMENT OF INTENT (Please read with your son or daughter)

- 1. I want to attend Immanuel Lutheran School and receive a Christ-centered education. I will participate and show reverence and respect to God in all worship services. I will strive to set a good example at all times as a Christian and a member of the body of Christ.
- 2. I will show proper respect for all those in authority over me at Immanuel Lutheran School, and I will obey the rules and regulations of the school.
- 3. I will do my best in all my school work with the abilities God has given me.

_____ *Date* _____ *Student's Signature*

FOR OFFICE USE ONLY

Date Received: _____ Time Received: _____ Registration Fee: _____

New Student Interview: _____ Acceptance Letter Sent: _____

Gesell Testing Scheduled: Date/Time _____ With: _____

Original to: School Admin and entered in database _____ Principal _____ forward to Bookkeeper _____