Application for Enrollment

Immanuel Lutheran School

214 West Fifth Street
Washington, MO 63090

(636) 239-1636

Rev. Craig Wehmeyer
Senior Pastor

Rev. Jacob Sipes
Associate Pastor

Student Application Form

Date of Application _____

Student's Information ***Gender*** M F

_____
Last First Middle

_____
Mailing Address

_____
City State Zip Code

Date of Birth _____
Month / Day / Year

Entering Class / Grade:
(cirlce choices)

3 year old Preschool:
* 2 Day OR 5 Day Program
* Half-Day (8:00–11:00 am) OR Full-Day (8:00 am–3:00 pm)

4 year old PreKindergarten:
* 3 Day OR 5 Day Program
* Half-Day (8:00–11:00 am) OR Full-Day (8:00 am–3:00 pm)

Kindergarten
1st 2nd 3rd 4th
5th 6th 7th 8th

Previous School(s) Attended
_____

In which public school district (and elementary school within that district) do you live?
_____

Marital status of parents: ____ Married ____ Single ____ Divorced ____ Separated

Father's Information _____
First Last

_____
Mailing Address

_____
City State Zip Code

_____
Email address

_____
Home Phone

_____
Cell Phone

_____
Occupation / Employer

Mother's Information _____
First Last (Maiden)

_____
Street

_____
City State Zip Code

_____
Email address

_____
Home Phone

_____
Cell Phone

_____
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

_____ Social Media _____ 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. 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.

Immanuel Lutheran School admits students of any race, sex, national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, sex, national or ethnic origin in the administration of its educational policies, admission policies, tuition assistance, athletic and other school administered programs.