

# **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

Rev. Craig Wehmeyer  
Assistant Pastor

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

3 yr. old (Select 2-day or 5-day)

4 yr. old (Select 3-day or 5-day)

Kdg.

*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?******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\_\_\_\_\_  
Work Phone\_\_\_\_\_  
Occupation / Employer***Mother's Information***\_\_\_\_\_  
First                      Last                      (Maiden)\_\_\_\_\_  
Street\_\_\_\_\_  
City                      State                      Zip Code\_\_\_\_\_  
Email address\_\_\_\_\_  
Home Phone\_\_\_\_\_  
Cell Phone\_\_\_\_\_  
Work 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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

***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. 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.*