

Name: _____

Grade: _____

Please make a check payable to
Immanuel Lutheran School
for the non-refundable
application fee of \$80.00



Immanuel Lutheran School

DANBURY, CONNECTICUT • Est.1881

Application for Admission
Immanuel Lutheran School
18 Clapboard Ridge Road
Danbury, CT 06811
(203) 748-7823

Name of child _____ Age in Years _____ Months _____
 Street _____ City _____ State _____ Zip Code _____
 Date of Birth _____ Place of Birth _____ Grade to Enter _____

Father's Name _____ Phone _____
 Street _____ City _____ State _____ Zip Code _____
 Occupation _____ Business Name _____ Phone _____
 Street _____ City _____ State _____ Zip Code _____

Mother's Name _____ Phone _____
 Street _____ City _____ State _____ Zip Code _____
 Occupation _____ Business Name _____ Phone _____
 Street _____ City _____ State _____ Zip Code _____

Name of Guardian (if different from above) _____ Relationship _____
 Street _____ City _____ State _____ Zip Code _____
 Occupation _____ Business Name _____ Phone _____
 Street _____ City _____ State _____ Zip Code _____

Marital Status Married Living Together Separated Divorced

Other children in the family:

Name	Age	Date of Birth	Baptized (Y/N)	Grade
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Person responsible for tuition _____ Relationship _____
 Street _____ City _____ State _____ Zip Code _____

	Church Affiliation	City, State	Pastor's Name	Member (Y/N)
Child	_____	_____	_____	_____
Father	_____	_____	_____	_____
Mother	_____	_____	_____	_____

Educational History:

List all schools in which your child has been previously enrolled.

Name of school	Address	Grades Completed	Years
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

State any difficulties your child has experienced in school. _____

Has your child ever been referred to a Child Study Team? _____ If so, for what reason? _____

Recommendations _____

Who is the contact person? _____ May we contact him/her? _____

Has your child repeated one or more grades? _____ List grade(s) _____

Reason for applying to Immanuel Lutheran School _____

Were you referred to Immanuel by another family? _____ If so, please name the person(s) who recommended Immanuel _____

Names of person(s) authorized to take your child(ren) home from school

List any individuals with whom your child should NOT leave school.

Health Information

Child's general health status _____ Specific health concerns _____

Is your child presently on medication? _____ If so, describe the type and reason for medication and state necessity, if any, for it being administered during school hours.

Does your child have allergies? _____ If yes, please describe _____

Primary Physician _____ Phone _____

Street _____ City _____ State _____ Zip Code _____

If my child is admitted as a student of Immanuel Lutheran School, I understand that he/she is accepted for an initial probationary period of 45 academic days. During this time I will consult with the classroom teacher on a weekly basis regarding my child's academic progress and behavior.

I understand that my child's privileges as a member of the school are subject to conditions as outlined in the Parent Handbook.

I understand that Church and Sunday School attendance and participation is expected and I will support this aspect of our family's Religious education.

I agree to cooperate with the school administration, to attend meetings, and abide by all school regulations, and see that my child attends all mandatory functions. I am aware of the tuition policy and payment schedule. In the event legal fees are incurred as a result of non-payment of tuition, I understand I am responsible for these additional costs.

Parents' or Guardians' Signature _____

Date _____