Student Name: ________________________________

**GRADES K – 4**

Grade: __________________

*Academic Enrichment through Discovery Courses*

- [ ] Art
- [ ] Music
- [ ] Spanish
- [ ] Physical Education
- [ ] Computers

**GRADES 5 – 8**

Grade: __________________

*Academic Enrichment through Discovery Courses*

- [ ] Art
- [ ] Music
- [ ] Spanish (meets 3 times per week)
- [ ] Physical Education (meets 2 times per week)
- [ ] Computers

**GRADES 5 – 8**

Grade: __________________

*Academic a la Carte*

- [ ] Religion
- [ ] Science
- [ ] Social Studies
- [ ] Language Arts
- [ ] Math (Grade 7 – Pre-Algebra, Grade 8 – Algebra)

Please make a check payable to Immanuel Lutheran School for the non-refundable application fee of $100.00.

18 Clapboard Ridge Rd
Danbury, CT 06811
(203) 748-7823
Student Name: __________________________ Age in Years: ______ Months: ______
Address: ___________________________ City: __________ State: _____ Zip Code: ______
Date of Birth: _____________________ Place of Birth: ___________________ Grade to Enter: __________
Gender: _____ Male _____ Female Is Student Baptized? _____ Yes _____ No
Ethnic Origin: __ Amer. Indian __ Asian __ Black __ Hispanic __ White __ Bi-Racial __ Other __________
Father's Name: __________________________ Phone: ______________________
Address: ___________________________ City: __________ State: _____ Zip Code: ______
Occupation: __________________________ Business Name: __________________________ Phone: __________________
Email: ___________________________ Cell #: ______________________
Mother's Name: __________________________ Phone: ______________________
Address: ___________________________ City: __________ State: _____ Zip Code: ______
Occupation: __________________________ Business Name: __________________________ Phone: __________________
Email: ___________________________ Cell #: ______________________
Marital Status: _____ Single _____ Married _____ Separated _____ Divorced
Guardian Name (if different from above): __________________________ Relationship: __________________________
Address: ___________________________ City: __________ State: _____ Zip Code: ______
Occupation: __________________________ Business Name: __________________________ Phone: __________________
Email: ___________________________ Cell #: ______________________
Person responsible for tuition: __________________________ Relationship: __________________________
Address: ___________________________ City: __________ State: _____ Zip Code: ______
Other children in the family:
Name Age Date of Birth Baptized (Y/N) Grade
________________________________________ ______ ___________ ___________ __________
________________________________________ ______ ___________ ___________ __________
________________________________________ ______ ___________ ___________ __________
________________________________________ ______ ___________ ___________ __________
Church Affiliation City, State Member (Y/N)
Child ____________________________ __________________________ __________
Father ____________________________ __________________________ __________
Mother ____________________________ __________________________ __________
EDUCATIONAL HISTORY

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

<table>
<thead>
<tr>
<th>Name of school</th>
<th>City, State</th>
<th>Grades Completed</th>
<th>Years</th>
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</table>

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 family who referred you to
Immanuel: _________________________________________________________________________________
___________________________________________________________________________________________

How did you learn about Immanuel Lutheran School? _____________________________________________________________________________________________
___________________________________________________________________________________________

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

List any individuals with whom your child(ren) 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: ____________________________

Address: ____________________________ 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 40 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 Student & Parent Handbook.

I understand that my child’s enrollment will be based on intent of longevity as well as other criteria as outlined in the Student & Parent Handbook.

I give permission for my child's picture to be used in publicity and school publications. I understand that this may include Internet based advertising and the school website. I agree that I will not receive any money in the event my child’s photo is used, further I agree to waive any and all claims that I may have against Immanuel as a result of the use of said photo.

I understand that our family's religious education is an important aspect of our lives and that church and Sunday school attendance and participation at my church is expected in order to further this 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 agree to make tuition payments in a timely manner. I am aware of the tuition policy and payment schedule and understand that in the event legal fees are incurred as a result of non-payment of tuition, I am responsible for these additional costs.

Parents’ or Guardians’ Signature

________________________________________

________________________________________

Date ____________________________