

Office Use Only
Check # _____
Cash _____
Total Paid _____



Immanuel Lutheran CHURCH AND SCHOOL

5 S. Van Buren Street East Dundee, IL 60118 (847) 428-1010 FAX (847) 836-6217
immanuel-ed.org

Office Use Only
Date _____
Grade _____
Priority / Community _____

New Student Application

STUDENT NAME _____

Last First Middle

HOME ADDRESS _____

Street City State Zip Code

DATE OF BIRTH ____/____/____ GENDER: M / F APPLYING FOR GRADE _____ SCHOOL YEAR _____

PATERNAL INFORMATION

FATHER'S NAME _____

Last First

HOME PHONE # _____ EMAIL _____

CELL # _____ WORK # _____

EMPLOYER _____ OCCUPATION _____

HOME ADDRESS _____

Street City State Zip Code

FATHER'S CHURCH MEMBERSHIP _____

Church City State

MATERNAL INFORMATION

MOTHER'S NAME _____ MAIDEN NAME _____

Last First

HOME PHONE # _____ EMAIL _____

CELL # _____ WORK # _____

EMPLOYER _____ OCCUPATION _____

HOME ADDRESS _____

Street City State Zip Code

MOTHER'S CHURCH MEMBERSHIP _____

Church City State

STEP-PARENT/ OTHER CUSTODIAL ADULT or GUARDIAN INFORMATION (IF APPLICABLE)

NAME _____ RELATION _____

HOME PHONE # _____ EMAIL _____

WORK # _____ CELL # _____

HOME ADDRESS _____

PLEASE LIST ALL SIBLINGS

NAME	BIRTH DATE	BAPTISM DATE	GRADE (IF ANY)	SCHOOL ATTENDING	DATE ENROLLED

WHO RECOMMENDED OUR SCHOOL TO YOU? HOW DID YOU HEAR ABOUT IMMANUEL?

WHY DO YOU WANT YOUR CHILD(REN) TO ATTEND IMMANUEL?

PREVIOUS SCHOOL(S) ATTENDED

NAME OF SCHOOL	CITY	STATE	GRADE(S) ATTENDED	REASON FOR LEAVING

PUBLIC SCHOOL AND DISTRICT STUDENT WOULD ATTEND IF NOT ENROLLED AT IMMANUEL

ANY LEARNING NEEDS (IEP, 504, DIAGNOSED EDUCATIONAL ISSUES...) OR HEALTH NEEDS (HEARING, VISION, MOBILITY ISSUES, MEDICAL DIAGNOSES...)?

IF SO, EXPLAIN

ANY ALLERGIES? IF SO, PLEASE LIST

If applying for Preschool, please indicate 1st, 2nd and 3rd session preferences below.

PK3

- ___ Tues/Thurs AM
- ___ Tues/Thurs PM
- ___ Wed/ Fri AM

PK4

- ___ Mon/Tues/Thurs AM
- ___ Mon/Tues/Thurs PM
- ___ Mon/Wed/Fri AM
- ___ Mon-Fri AM

If applying for Kindergarten, please indicate 1st, 2nd and 3rd session preferences below.

KINDERGARTEN

- ___ Full Day K+
- ___ K AM
- ___ K PM

If your child will have a sibling in our Preschool or Kindergarten, please indicate your preference for the sibling's session:

Parent Signature

Date Signed