



Immanuel Lutheran CHURCH AND SCHOOL

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

immanuel-ed.org

2017-18 Re-Enrollment Application

We are blessed to partner with families to provide their children with the best educational experience possible. Please complete the **form below to ensure your child's class placement for next year.** To complete the process, we need to receive both your completed, signed form as well as your re-enrollment fee. Beginning in February, families from the community will be invited to apply.

Please return this form by February 1, 2017. Your re-enrollment fee will appear on your February statement and will finalize your **child's re-enrollment** for next year.

FAMILY NAME _____

Members of Immanuel Lutheran Church ____yes ____no

If no, name of family church membership if applicable _____

STUDENT NAME

GRADE for 2017-18

If you are re-enrolling for Preschool, please indicate your session preferences*—1st, 2nd and 3rd

PK3 PK4
___Tues/Thurs AM ___Mon/Tues/Thurs AM
___Tues/Thurs PM ___Mon/Tues/Thurs PM
___Wed/Fri AM ___Mon/Wed/Fri AM
 ___Mon-Fri AM

If you are re-enrolling for Kindergarten, please indicate your session preferences*— 1st, 2nd and 3rd

Kindergarten
___Full Day K+
___K AM
___K PM

*sessions offered pending enrollment

I/we intend to continue our partnership with Immanuel Lutheran School for the 2017-18 academic year.

Parent Signature _____ Date _____

(Please see reverse side if you will not enroll your child for next year.)

WITHDRAWAL OF ENROLLMENT

_____I/We will withdraw enrollment for the following student (s)_____

because (please specify reason)_____

Parent Signature_____Date_____