

Office Use Only  
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**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 \_\_\_/\_\_\_/\_\_\_ BAPTISM DATE \_\_\_/\_\_\_/\_\_\_ 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      \_\_\_ Mon/Tues/Thurs AM
- \_\_\_ Tues/Thurs PM      \_\_\_ Mon/Tues/Thurs PM
- \_\_\_ Wed/ Fri AM        \_\_\_ 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 \_\_\_\_\_