

Student's Last Name (Please print or type): _____

- 2017-2018
Grade: _____
1. First Name: _____ Birthdate: _____ Baptismal Date: _____ Sex: _____ Grade: _____
 2. First Name: _____ Birthdate: _____ Baptismal Date: _____ Sex: _____ Grade: _____
 3. First Name: _____ Birthdate: _____ Baptismal Date: _____ Sex: _____ Grade: _____
 4. First Name: _____ Birthdate: _____ Baptismal Date: _____ Sex: _____ Grade: _____

Parent Title/First and Last Names: Mr. and Mrs. / Mrs. / Ms. / Mr. _____

Address: _____ City: _____ Zip: _____ Home Phone: _____

E-Mail: _____ 2nd E-Mail: (Optional) _____

Father: Living _____ Deceased _____ Separated _____ Divorced _____ Remarried _____
 Mother: Living _____ Deceased _____ Separated _____ Divorced _____ Remarried _____

I give permission to list my phone number, email, and address in the School Directory Yes No

If school parent communications should be sent to more than one household, please check the box and include name, relationship, address, phone number and e-mail on reverse side.

My child will need District 15 bus transportation: No To School Only From School Only To and From School

Kindergarten Preference: ½ Day All Day

Public Elementary and/or Jr. High your child would attend if not attending Immanuel: _____

Public High School your child would attend upon graduation: _____

Please list brothers and sisters not listed above (Include those attending Immanuel Early Childhood program)

Name: _____ Birth date: _____ Name: _____ Birth date: _____

Name: _____ Birth date: _____ Name: _____ Birth date: _____

Father's Name: _____ Mother's Name: _____

Place of Employment: _____ Place of Employment: _____

Occupation: _____ Occupation: _____

Business Phone Number: _____ Business Phone Number: _____

Cell Phone: _____ Cell Phone: _____

Are you a *communicant* member of Immanuel? (Father) _____ Yes _____ No (Mother) _____ Yes _____ No

If not, please indicate:
Father's Church: _____ Mother's Church: _____

List two (2) reliable, local people to whom you have given permission to pick up your child from school in case of illness, etc. if we cannot reach you:

Name: _____ Phone: _____ Cell Phone: _____

Name: _____ Phone: _____ Cell Phone: _____

Parent Signature: _____ Date: _____

Please share with us who referred you to Immanuel: _____

Transfer Information (if applicable):

Current School Name, Address and Telephone Number

Reason for transfer _____

Other Previously Attended Schools and Dates of Attendance: _____

Additional Information:

Does your child have any notable health or physical disability? Yes No

Has psychological/educational testing been recommended and received for your child? Yes No

Has your child had any emotional and/or adjustment difficulties in school? Yes No

Please check any programs your child has been enrolled in: Speech Tutoring Other _____

Please explain why you are seeking to enroll this child at Immanuel. _____

As parents, we are committed to support all school and church programs in which our child(ren) participate(s). Children are encouraged to attend church and Sunday School regularly.

Signature/Date

Signature/Date

