

Immanuel Summer Academy Registration Form



Please return all forms to the Immanuel School Office

Family Name: _____ Address: _____

Home Phone: _____ City, State, Zip: _____

Your Name: _____ Spouse's Name: _____

Your Work Phone: _____ Spouse's Work Phone: _____

Your Cell Phone: _____ Spouse's Cell Phone: _____

E-Mail Address(es): _____

Allergies (Please specify): _____

Authorized Drop off & Pick up Emergency Contacts:

Name: _____ Address: _____
 Phone: _____ Relationship: _____

Name: _____ Address: _____
 Phone: _____ Relationship: _____

IMPORTANT NOTE: Course codes beginning with "W1" are *only in session* Monday-Thursday, June 6-9.
 Course codes beginning with "W2" are *only in session* Monday-Thursday, June 13-16. If you wish to enroll your student for both weeks of a class, please list both courses in your selection.

Student's First Name	Student's Last Name	Grade in 2022-2023	Course Code Selection(s)										
			Week 1 – June 6-9				Week 2 – June 13-16						
			1	2	3	4	1	2	3	4			

Summer School Fees:

All other courses: \$ 60 x _____ (#of courses) = _____

Please bill Tuition Express (Discount) = _____

Check attached (Check # _____)

TOTAL: \$ _____

*Please make checks payable to
Immanuel Lutheran School*

For office use only
