

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 5-8. Course codes beginning with "W2" are only in session Monday-Thursday, June 12-15. 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 2023-24	Course Code Selection(s)										
			Week 1 – June 5-8				Week 2 – June 12-15						
			1	2	3	4	1	2	3	4			
8:00	9:00	10:00	11:00	8:00	9:00	10:00	11:00						

Summer School Fees:

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

Please bill Tuition Express (Immanuel Families) (Discount) = _____

Check attached (Check # _____)

TOTAL: \$ _____

For office use only

Please make checks payable to Immanuel Lutheran School