



**IMMANUEL LUTHERAN SCHOOL**  
**Application for Admissions**  
**2023-2024**



**Student Information**

Today's Date \_\_\_\_\_

Child's Name \_\_\_\_\_  
(First, Middle, Last)

Applying for Grade \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Gender M \_\_\_\_\_ F \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Church You Attend \_\_\_\_\_ Denomination/Affiliation \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Hospital Preference \_\_\_\_\_

Siblings Name \_\_\_\_\_ Grade \_\_\_\_\_ Birth Date \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ Birth Date \_\_\_\_\_

**Parent Information**

1. Name \_\_\_\_\_  
(First, Middle Initial, Last)

Relationship to Student \_\_\_\_\_  
(Father, Mother, Stepfather, Grandmother, etc.)

Address \_\_\_\_\_  
Street City State Zip Code

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone \_\_\_\_\_

2. Name \_\_\_\_\_  
(First, Middle Initial, Last)

Relationship to Student \_\_\_\_\_  
(Father, Mother, Stepfather, Grandmother, etc.)

Address \_\_\_\_\_  
Street City State Zip Code

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone \_\_\_\_\_

**Emergency Contact Information**

1<sup>st</sup> Contact: Name \_\_\_\_\_ Relationship to Family \_\_\_\_\_  
(First and Last Name)

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

2<sup>nd</sup> Contact: Name \_\_\_\_\_ Relationship to Family \_\_\_\_\_  
(First and Last Name)

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_**