



IMMANUEL
LUTHERAN
SCHOOL

IMMANUEL LUTHERAN SCHOOL Application for Admissions



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

1st Contact: Name _____ Relationship to Family _____
(First and Last Name)

Home Phone _____ Cell Phone _____ Work Phone _____

2nd Contact: Name _____ Relationship to Family _____
(First and Last Name)

Home Phone _____ Cell Phone _____ Work Phone _____

Parent/Legal Guardian Signature: _____ Date: _____