

Immanuel Lutheran School 2008-2009
Pre-K-8th
NEW STUDENT REGISTRATION FORM

Office Use Only
Date Rec'd _____
Reg. Fee _____
Birth Cert. _____
Immunize _____
Member _____

(Please Print)

STUDENT INFORMATION				
Student's last name:		First:	Middle:	Grade Entering:
Birth date:	Age:	Gender:	Social Security no.:	Race or ethnicity:
Home address:		Home phone no.:		
		()		
City, State, Zip:				
Daycare provider and phone number:				
Please list the names and ages of any other children in the family:				
Name:		Age:	Name:	
			Age:	
Name:		Age:	Name:	
			Age:	
FAMILY INFORMATION				
When more than one child from the same family is applying, please fill out this information on one child's form only and indicate that child's name here:				
Marital status of child's parents:	Student lives with: (please check only one)	<input type="checkbox"/> Both parents in the home <input type="checkbox"/> Part-time with each parent <input type="checkbox"/> Guardian _____		<input type="checkbox"/> Father only <input type="checkbox"/> Mother only
			(Nature of guardianship (grandparent, foster parent, etc.))	
Father's information		Mother's Information		
Father/guardian name:		Mother/guardian name:		
Personal home address & phone if different from child (ren):		Personal home address & phone if different from child (ren):		
Home e-mail:	Cell #	Home e-mail:	Cell#	
Name of step-parent (if applicable):		Name of step-parent (if applicable):		
Employer:	Phone:	Employer:	Phone:	
CHURCH AFFILIATION				
Is your family active in a church? <input type="checkbox"/> Yes <input type="checkbox"/> No If you do not have a church home or are inactive in your church, would you be interested in information about Immanuel Lutheran Church? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Is your child baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, would you like information on baptism? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Name & Address of your church:			Pastor's name:	
GRANDPARENTS' INFORMATION				
<i>Optional</i>				
Father's Side		Mother's Side		
Name:		Name:		
Address:		Address:		
Church affiliation:		Church affiliation:		
SCHOOL HISTORY				

Most recent school & school's address:	Most recent school's telephone number: Teacher's name: Grade:
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What special honors or awards for scholastic or other achievements has your student received, if any?

Has this student ever attended Immanuel Lutheran School? Yes No If yes, when?
 Has this student ever been referred for testing or placed in a special program? Yes No
 Has this student ever repeated a grade for any reason? Yes No If yes, please explain:

Has this student been involved in circumstances that led to an investigation by civil authorities? Yes No
 If yes, please explain:

Has this student ever seen a counselor /doctor/psychiatrist for any type of social, behavioral, or mental problem? Yes No
 If so, briefly describe the nature of the problem:

Has this student been tested or recommended for testing for any condition, which might affect school performance (i.e. ADD, ADDH, learning disabilities, behavior/emotional disorders, dyslexia)? Yes No
 If yes, please explain:

What prompted your consideration of Immanuel Lutheran School?
 Did someone refer you to Immanuel Lutheran School? Yes No If yes, please list name: _____
 Other comments your child's teacher and the school should know to help with your child's grown development.

EMERGENCY INFORMATION

Specific allergies & other conditions-if none please write NONE:	Specific Fears:
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Physician:	Phone:	Dentist:	Phone:
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Two other persons we may contact in case of an emergency:			
Name:	Phone:	Name:	Phone:

IN CASE OF EMERGENCY: As the parent or legal guardian of the child named on this form, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

_____ *Patient/Guardian signature* _____ *Date*

IMMUNIZATIONS

Immanuel Lutheran School is required by the State of NM to have complete immunization records on file for each enrolled student. All registrants must submit a copy of this information prior to attending.

FEES

The registration fee must be included with this form to hold your child's place in school. Pre-K- 8th - \$60.00
 Who is financially responsible for tuition and fees?

Tuition is due on the first of the month and is considered late if after the 2nd Tuesday of the month.
 The signature below indicates that the parent/guardian agrees to abide by the tuition policies of Immanuel Lutheran School.

_____ *Father/Guardian (signature)* _____ *Mother/Guardian (signature)*

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