



Enrollment Form 2018-2019
Immanuel Lutheran School K-8

1310 N. Frolic Ave.
Waukegan, IL 60085
(847)249-0011

AGREEMENT STATEMENTS FOR 2018-2019 SCHOOL YEAR:

FINANCIAL: I have read the financial agreement as written and agree to abide by the stated financial policies.

Parent or Guardian Signature: _____ Date: ____/____/____

SCHOOL HANDBOOK: I have received a copy of the parent handbook containing the operational policies and goals of Immanuel Lutheran School. I have read these policies and agree to abide by them.

Parent or Guardian Signature: _____ Date: ____/____/____

HEALTH REGULATIONS: I understand that in order to attend school my child must have a physical examination and current immunizations before the first day of school.

Parent or Guardian Signature: _____ Date: ____/____/____

SCHOOL DIRECTORY: I hereby give authorization for Immanuel Lutheran School to include my child's name, address, and phone number in the school directory.

Parent or Guardian Signature: _____ Date: ____/____/____

PHOTOGRAPHS/VIDEOS: I hereby give authorization to have my child's photograph taken while involved in school activities and to have these pictures or videos used in any presentation by Immanuel Lutheran Preschool, School, Childcare, or Church.

Parent or Guardian Signature: _____ Date: ____/____/____

FIELD TRIPS: I hereby give authorization for my child to attend field trips, neighborhood walks, and school presentations. If I do not wish to have my child attend any of the above listed events I will notify the classroom teacher.

Parent or Guardian Signature: _____ Date: ____/____/____

BACKGROUND CHECK: I understand that in order to volunteer my time in the classroom and/or transport children other than my own on field trips I must have a background check as conducted by an outside company.

Parent or Guardian Signature: _____ Date: ____/____/____

ENROLLMENT FORM: I have read this enrollment form entirely and accept the terms as presented. I testify that all the information provided is true and correct. I acknowledge that any falsification of information is grounds for dismissal or non-enrollment.

Parent or Guardian Signature: _____ Date: ____/____/____

FOR SCHOOL USE ONLY

Approved by: _____ Date: ____/____/____