



Enrollment Form 2018-2019
Immanuel Lutheran School K-8

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

Please complete this form and return it to the school office.

Place a check by Student's Grade for the 2018-2019 school years:

_____ Childcare	_____ Kindergarten	_____ 1 st Grade
_____ 2 nd Grade	_____ 3 rd Grade	_____ 4 th Grade
_____ 5 th Grade	_____ 6 th Grade	_____ 7 th Grade
_____ 8 th Grade		

STUDENT INFORMATION: (Also include a copy of your child's birth certificate and immunization records.)

Last _____ First _____ Middle _____
Nickname _____ Gender: _____
Address: _____

Birth date: ____/____/____ Place of Birth: _____
Baptism Date: _____ Church where Baptized: _____
School District: _____

Ethnicity:
Hispanic/Latino American Indian/Alaska Native Asian African American White
Native Hawaiian or other Pacific Islander

(Please note: Your child will need to be able to understand and communicate in the English language in school.)

PARENT INFORMATION

Father:

Home Phone Number: _____
Occupation: _____
Employer: _____
Work Phone Number: _____
Work Address: _____

Father's Church Membership:

Active Member: Y/N
Marital Status: (Circle what applies)
First marriage Separated Divorced
Remarried Widowed Never Married

Family Income Level: _____

Mother:

Home Phone Number: _____
Occupation: _____
Employer: _____
Work Phone Number: _____
Work Address: _____

Mother's Church membership:

Active Member: Y/N
Marital Status: (*Circle what applies*)
First marriage Separated Divorced
Remarried Widowed Never Married

FAMILY INFORMATION:

Other Children in family (names and ages):

Name:	Age:	Relationship:	Living with student:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list any other people living with your child besides parents and siblings:

People allowed to pick up your child and Emergency Contacts:

Name: Last	First	Relationship	Phone Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list any persons NOT allowed to pick up your child

If there has been a separation or divorce, with whom is the child living?

If child is living with someone other than the parents, please complete:

Name: _____

Address: _____

Phone: _____

Relationship: _____

Church membership: _____

If you are not a member of a Lutheran church, would you be willing, to attend a series of classes on the doctrines and teachings of the Lutheran Church? (Attendance at these classes does NOT obligate you to become a member.) Yes or No

CHILDREN'S PHYSICIAN:

Name: _____ Phone: _____

Address: _____

Hospital:

Name: _____ Phone: _____

Address: _____

Allergies:

List any allergies to medicine:

List any food allergies:

List any other

allergies: _____

STUDENT BACKGROUND INFORMATION:

- Does your child have problems with vision or hearing? Yes No
- If so please explain:

- If so please list any interventions that are currently being done for your child:

- Does your child have any speech delay? Yes No
If so please explain:

If so please list any interventions that are currently being done for your child:

- List any illnesses your child has had:

- If your child takes regular medication please list:

- Please list any other physical/emotional conditions from birth to present that have affected your child's development:

- Please include any information that you feel would be beneficial for the school and staff to help your child have a successful preschool experience:
