

IMMANUEL LUTHERAN SCHOOL

2014-2015 Application for Enrollment

Name (legal) _____
(Last) (First) (Middle)

Address _____ Phone _____
(Street) (City) (Zip)

Adult E-mail/s _____

DOB: _____ Baptism Date: _____ Or Not Yet _____

Father's Name _____ Living with Child? ____ Yes ____ No

Occupation _____ Deceased _____ Divorced _____

Church Membership _____

Mother's Name _____ Living with Child? ____ Yes ____ No

Occupation _____ Deceased _____ Divorced _____

Church Membership _____

Names of Siblings	Birth Year/Grade	Names of Siblings	Birth Year/Grade
-------------------	------------------	-------------------	------------------

_____	_____	_____	_____
_____	_____	_____	_____

School attended last year _____ Grade _____

School Address _____ Phone _____

Reasons for wanting to send your child to our school: _____

I understand that admission is at the discretion of the Immanuel-Zion Association School Board and that such admission may be terminated at any time.

Signature of Guardian _____ Date _____

**Parents have the option of sending their PS3/PS4 children for less time or fewer days, but must still pay the full tuition to assure the slot is available for their child.*

**** Financial Aid is available for Kindergarten as well as 1st- 8th grades.**