

IMMANUEL LUTHERAN SCHOOL



1285 Main St., Hamilton, Ohio
513-895-9212 or 513-895-0888

Student's Name _____

Home address - Street _____

E-mail addresses _____

City _____ State _____ Zip _____ Main Phone # _____

Child's S.S. # _____ Date of Birth _____ Place of Birth _____

Baptized: Yes No Date _____ Child's church membership _____

Please check below the grade your child will be entering:

<input type="checkbox"/> 2- Day Preschool	<input type="checkbox"/> All Day Kindergarten	<input type="checkbox"/> Fourth Grade
<input type="checkbox"/> 3- Day Preschool	<input type="checkbox"/> First Grade	<input type="checkbox"/> Fifth Grade
<input type="checkbox"/> 5-Day Pre-K	<input type="checkbox"/> Second Grade	<input type="checkbox"/> Sixth Grade
<input type="checkbox"/> Half-Day Kindergarten	<input type="checkbox"/> Third Grade	<input type="checkbox"/> Seventh Grade
		<input type="checkbox"/> Eighth Grade

Specific public school your child would attend if not enrolled at Immanuel:
(Example Hamilton City, Lincoln Elementary) _____

How did you hear about our school? _____

Check one:

I plan to have my child attend Immanuel for preschool only.

I am interested in my child attending beyond preschool, should he/she adapt well.

I am undecided at this time.

My Child will use bus service if available (K-8) yes no

Do you need our childcare services? Yes - No - Part-time - Full-time - Schools out days

Father's Name _____

Mother's Name _____

Address _____

Address _____

Phone - Home _____ Work _____

Phone - Home _____ Work _____

Employer _____

Employer _____

Occupation _____

Occupation _____

Church Membership _____

Church Membership _____

Social Security # _____

Social Security # _____

Has child ever been: (Please check)

____ Suspended from school ____ Expelled from school ____ Had academic or social problems

If so, please describe: _____

All admissions are on a six-week trial basis. Immanuel Lutheran School does not discriminate on the basis of race, color, national or ethnic origin in admission of students. All students are offered participation in all programs. The school is not an alternative to any court or state desegregation efforts.

OUR PLEDGE AS PARENTS:

We will support, uphold, assist and pray for our child as he/she attends Immanuel Lutheran School.

We will seek to cooperate and communicate with the school staff in all matters regarding our child.

We will agree to pay all fees and tuitions promptly as due, with all payments completed by the last day of the school year, unless previously arranged by conference with the Principal/Headmaster.

We agree to discuss any disagreements or problems with policies, procedures or our child's performance only with the Principal/Headmaster then the Board of Christian Education.

I have received the Immanuel Lutheran School Parent Handbook and agree to read it and abide by all policies listed therein and on this application.

I agree to have my child's name, parents' names, and telephone number (as listed on your child's registration form) included on the required rosters, which will be made available, upon request, to each child in the program.

Check one: ____ Yes ____ No

Signature of Parent _____ Date _____