

# Immanuel Lutheran School

## CHECKLIST – NEW STUDENTS



### ITEMS YOU WILL SUPPLY:

- Birth Certificate
- Immunization Record
- Custody Papers, if applicable
- Application Fee - \$50.00 for Preschool and \$100.00 for grades K-8 (until April 30)  
\$60.00 for Preschool and \$125.00 for grades K-8 (after May 1)

### THESE FORMS SUPPLIED BY THE SCHOOL:

- School Application (8 1/2 X 14) -- attached to the this online form
- Emergency Medical Form (white) – attached to this online form
- Physical Form (pink) – provided upon application
- Signature Sheet (gold) – provided upon application
- Childcare Registration, even if you don't anticipate using childcare – provided upon application
- Record release for 1-8<sup>th</sup> grade – provided upon application

# Immanuel Lutheran School

**1285 Main St.**

**Hamilton, OH 45013**

**513-895-9212**

## **Application**

The members of Immanuel Lutheran Church have established our school and preschool to provide quality Christian education for the children of our membership and children from the surrounding communities. Education is founded in God's Word and His commands, as we witness to the activity of God the Father, Son, and Holy Spirit for our salvation. With this foundation, children are able to see themselves as God's creation and His children. They are enabled to grow in spirit, knowledge, and relationships to others; and also in physical and social skills. They will develop life skills, foster respect for God, country, family and self, and grow in understanding their place in God's creation.

**Our faculty, Board of Christian Education and membership welcome your application to join us as a member of the student body family of Immanuel Lutheran School.**

**Student's Name** \_\_\_\_\_

**Home address - Street** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Child's S.S. #** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Place of Birth** \_\_\_\_\_

**Baptized:**    **Yes**    **No**    **Date** \_\_\_\_\_ **Child's church membership** \_\_\_\_\_

**Circle Grade entering:**

**2-day preschool**

**3-day A.M. preschool**

**3-day P.M. preschool**

<b>½ Day A.M. Kindergarten</b>	<b>All-Day Kindergarten</b>
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**Grades:**    1    2    3    4    5    6    7    8

Specific public school your child would attend if not enrolled at Immanuel:

(Example Hamilton City, Lincoln Elementary) \_\_\_\_\_

Former school with address: \_\_\_\_\_

How did you hear about our school? \_\_\_\_\_

Father's Information:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone - Home \_\_\_\_\_ Work \_\_\_\_\_

Employer \_\_\_\_\_

Occupation \_\_\_\_\_

Church Membership \_\_\_\_\_

Social Security # \_\_\_\_\_

Mother's Information:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone - Home \_\_\_\_\_ Work \_\_\_\_\_

Employer \_\_\_\_\_

Occupation \_\_\_\_\_

Church Membership \_\_\_\_\_

Social Security # \_\_\_\_\_

List brothers and sisters of student with ages: \_\_\_\_\_

Has child ever been: (Please Check)

\_\_\_\_\_ Suspended from school

\_\_\_\_\_ Expelled from school

\_\_\_\_\_ Had academic or social problems

If so, please describe: \_\_\_\_\_

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

\*1/2 Day Kindergarten parents would have to transport at noon, if childcare is not being used

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

**Please list any other information, which might be helpful in our consideration of admission for your child:**

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**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** \_\_\_\_\_



**MEDICAL HISTORY**

Facts concerning the child’s medical history, including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

● **CUSTODY RESTRICTIONS**

List below those ADULTS who HAVE your permission to pick up your child. I give the school permission to release my child with any of the following individuals. I understand a photo I.D. and a note from the parent or custodian will be required on the day the child is picked up.

1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_  
5. \_\_\_\_\_ 6. \_\_\_\_\_

The following individuals do NOT have your permission to pick up my child:

1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_

**Please provide a copy of any custody restrictions imposed on a non-custodial parent, or we are obligated to release the child to a parent with their signature.**

PART I **OR** II MUST BE COMPLETED

**PART I: TO GRANT CONSENT**

I hereby give consent for the following medical care providers and local hospital to be called:

Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Dentist \_\_\_\_\_ Phone \_\_\_\_\_  
Medical Specialist \_\_\_\_\_ Phone \_\_\_\_\_  
Local Hospital \_\_\_\_\_ Emergency Room # \_\_\_\_\_  
Date: \_\_\_\_\_ Signature of Parent or Guardian \_\_\_\_\_

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctors, or, in the event the designated practitioner is not available, by another licensed physician or dentist: and (2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major medical surgery unless the medical opinions of the other licensed physicians or dentist, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

PART II: REFUSAL TO CONSENT

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

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Date: \_\_\_\_\_ Signature of Parent or Guardian \_\_\_\_\_