

# IMMANUEL LUTHERAN SCHOOL RE-ENROLLMENT FORM

2023-2024 Registration & Tuition \$8155.00

(Registration and tuition: reflects total costs before congregational sponsorship, school choice vouchers, SGO scholarship, and internal financial assistance is applied.)

## Educational Fee/Tuition payment method (check one)

- A) \_\_\_\_\_ received a School Choice voucher (22-23) and intend to reapply
- B) \_\_\_\_\_ received Scholarship Granting Organization (SGO) assistance (22-23) and intend to apply for School Choice Voucher
- C) \_\_\_\_\_ intend to seek Scholarship Granting Organization (SGO) assistance
- D) \_\_\_\_\_ intend to pay fees and/or tuition without a voucher or SGO assistance (if D, please choose below)

Technology Fee (due Aug. 1st)	\$200.00 per child
Outdoor Ed (6th grade only) (due Sept. 1st)	\$100.00 per child
Washington DC Fee (due Oct. 1st)	\$50.00 per child

## If choosing "D" please identify which payment option is preferred

Option 1 \_\_\_\_\_ (pay in full by August 1, 2023)

Option 2 \_\_\_\_\_ (automatic withdrawal) state frequency & amount (i.e. \$100x a month) \_\_\_\_\_

Other \_\_\_\_\_ (neither of the above) if neither, please share your intended payment method on the "Promise to Pay" sheet

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Grade Entering \_\_\_\_\_

Birth Date \_\_\_\_\_ Baptismal Date \_\_\_\_\_ What public elementary school serves your neighborhood? \_\_\_\_\_

## STUDENT LIVES WITH:

\_\_\_\_\_ Parents \_\_\_\_\_ Mother & Stepfather \_\_\_\_\_ Father  
\_\_\_\_\_ Mother \_\_\_\_\_ Father & Stepmother \_\_\_\_\_ Grandparents  
\_\_\_\_\_ Guardian

If parents are divorced, custody was granted to: \_\_\_\_\_ joint \_\_\_\_\_ mother \_\_\_\_\_ father

## BROTHERS AND SISTERS IN THE HOME:

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ School Messenger preferred phone number: \_\_\_\_\_

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ \_\_\_\_\_

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ School Messenger preferred e-mail address \_\_\_\_\_

Weekly Warrior emailed: Yes \_\_\_\_\_ No \_\_\_\_\_ \_\_\_\_\_

Vision: Wears glasses: Yes \_\_\_\_\_ No \_\_\_\_\_ Hearing Aid: Yes \_\_\_\_\_ No \_\_\_\_\_

Regular Medication: Yes \_\_\_\_\_ No \_\_\_\_\_ Name of Medication: \_\_\_\_\_

Food Allergies: Yes \_\_\_\_\_ No \_\_\_\_\_ Explain: \_\_\_\_\_

Seizures: Yes \_\_\_\_\_ No \_\_\_\_\_ Explain: \_\_\_\_\_

Give a brief history of serious accidents, illness, broken bones, operations or special examinations, if **health problems**, require restricted activity or special attention:

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

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Address \_\_\_\_\_  
(if different from front page)

Address \_\_\_\_\_  
(if different from front page)

E-mail \_\_\_\_\_

E-mail \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Work phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Cell # or pager: \_\_\_\_\_

Cell # or pager \_\_\_\_\_

Name of Church membership \_\_\_\_\_

Step-father's name \_\_\_\_\_

Step-mother's name \_\_\_\_\_

E-mail \_\_\_\_\_

E-mail \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Work phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Cell # or pager: \_\_\_\_\_

Cell # or pager: \_\_\_\_\_

Name of Church membership \_\_\_\_\_

### EMERGENCY INFORMATION

In case of emergency, we will contact the parents first. If needed, may you or your spouse be contacted at work? Yes \_\_\_\_\_ No \_\_\_\_\_

**If we cannot reach the parents, we will then try to contact the following:**

Name	Address	Phone #	Relationship
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Name	Address	Phone #	Relationship
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Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Only students who are re-enrolled will be assigned classrooms for the 2023-2024 school year.**

*"The USDA and the State of Indiana are equal opportunity providers and employers."*