

Immanuel Lutheran School

632 E. Hwy N. Wentzville, MO 63385 (636)639-9887
FAX (636)639-9944 www.ilcsw.net



16/17

Aug. '16
Grade

Reg. \$325.

Tuition:

Application for Admission *Required Field DATE Received: _____

Student Information

TIME: _____

*Full Name _____ Preferred Name _____
Last First Middle

*Date of Birth _____ Date of Baptism _____ Male Female

Parent/Guardian Information

*Father's Full Name _____ Member of Immanuel _____
(If not a member, please say where you are a member)

*Street _____ *City _____ *State _____ *Zip _____

*Mother's Full Name _____ Member of Immanuel _____
(If not a member, please say where you are a member)

*Street _____ *City _____ *State _____ *Zip _____

Parents live together YES or NO

If NO, with whom does student live?

Name _____ Relationship _____

Custodial Parent: Father Mother Other _____ Relationship _____
(Please Circle)

Should report cards, parent letters, etc., be sent to any other individuals? (Non-custodial parents, etc.)
YES NO If YES, Please provide complete mailing address for these mailings.

Father's Place of Employment _____ Occupation _____

City _____ Bus. Phone(____) _____ Home Phone(____) _____

Cell Phone(____) _____ *E-Mail Address _____

(Please print clearly)

Mother's Place of Employment _____ Occupation _____

City _____ Bus. Phone(____) _____ Home Phone(____) _____

Cell Phone(____) _____ *E-Mail Address _____

(Please print clearly)

Statement of Agreement

As a parent, I agree to support and cooperate with the Immanuel Lutheran School and abide by its policies, rules and regulations, striving to be a supportive part of the Christian community of students, teachers, and family as we work together in God's name.

* Parent/Guardian Signature _____

Date _____

Office Use ONLY

\$ _____ Cash Ck.# _____ Date _____ Church Mbr. / Non-Mbr. DATE RECEIVED _____

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Insurance Information

Name of Insurance Company: _____ Policy#: _____

Covered under what name: _____ Authorized to call doctor: YES /NO

Doctor: _____ Phone #: _____

Hospital Preferred: _____ Allergies: _____

Please specify any health concerns: _____

Please specify unique health instructions: _____

Emergency Contacts: (cannot be employee of school)

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

The following people are authorized to pick up my child(ren):

1. _____ 2. _____

3. _____ 4. _____

Other Information

Residence is in what public school district? _____

What school building would child attend if in public school? _____

MUST PROVIDE

How did you first hear about Immanuel Lutheran School? _____

Refund Policy

All registration and instructional fees are non-refundable. This enrollment form is an annual, binding agreement to pay tuition. I hereby understand & agree to this refund policy.

Authorized Signature

* _____
Parent/Guardian Date



Tuition Information

*Name: _____

*Street _____ City _____ State _____ Zip _____

*Home Phone(____) _____ Work Phone(____) _____

Additional Students: Please list additional students enrolled at ILS from same family.

Immanuel Church Membership: Membership tuition rate - Church Attendance will be strictly monitored. Members not attending 50% will be changed to Non-Member pricing.

For Tuition Assistance, please apply on-line. Applications are due by March 31. **Assistance is NOT automatically renewed. New applications must be filled out each year by March 31st.**

K-8 Instructional Fee * \$325 per child (**\$100.00 per child of this fee is due at registration**) \$225.00 Balance is due by May 25th, 2016.

Tuition Rates *

<u>Member Student</u>	\$4250.00	<u>Community Student</u>	\$4895.00
Additional Student	\$4000.00	Additional Student	\$4565.00
Additional Student	\$3750.00	Additional Student	\$4250.00

Tuition Payment Options Please check the plan of your choice. Please check only one box. ***One of the available plans must be selected at the time of registration.** To enter a time payment plan after the first payment date has passed, prior month's payments must be made with the first payment.

A. One Payment Plan (Payment Due August 17th)

<u>Member Student</u>	\$4250.00	<u>Community Student</u>	\$4895.00
Additional Student	\$4000.00	Additional Student	\$4565.00
Additional Student	\$3750.00	Additional Student	\$4250.00

B. Semester Payment Plan (Payment 1 Due-Aug.17th)(Payment 2 Due-Jan. 3rd)

<u>Member Student</u>	\$2125.00	<u>Community Student</u>	\$2447.50
Additional Student	\$2000.00	Additional Student	\$2282.50
Additional Student	\$1875.00	Additional Student	\$2125.00

C. Quarterly Payment Plan (Payment 1 Due-Aug.17th, Payment 2-Oct. 17th, Payment 3-Jan. 3rd, Payment 4-Mar.10th)

<u>Member Student</u>	\$ 1062.50	<u>Community Student</u>	\$1223.75
Additional Student	\$ 1000.00	Additional Student	\$1141.25
Additional Student	\$ 937.50	Additional Student	\$1062.50

D. Monthly Payments

- 09 Monthly Payments: \$ _____ per month
- 10 Monthly Payments: \$ _____ per month
- 11 Monthly Payments: \$ _____ per month
- 12 Monthly Payments: \$ _____ per month



Academic Information

Last school attended: _____

Please list all previous schools attended:

Yes No Has your child ever received any assistance through a public school district or private agencies for speech or academic reason?

Yes No Can your child's name and picture be used on photo releases to newspaper or other media?

The following items are needed for new student's registration to be complete:

- Copy of Birth Certificate (if not already on file)
- Updated Immunization Record (if not already on file)
- Physicals are required for new students & children entering Kindergarten. All students participating on athletic teams will also need a physical.

We believe in the Christian education that our child will receive at Immanuel Lutheran School. We agree to support the staff of Immanuel through prayers and assisting with 15 hours of volunteer service (per family, per year) to provide a quality education for our child.

Parent/Guardian Signature: _____

Date: _____