

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



20/21	Aug. '20 Grade	<input type="text"/>
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Reg. \$325. <input type="checkbox"/>	Tuition: <input type="text"/>
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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)

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 _____

Total Registration Fee—\$325 Per Child, \$100 per child should be submitted with this application.

Office Use ONLY				
\$ _____	Cash <input type="checkbox"/>	<input type="checkbox"/>	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, that the deposit will not be refunded.

Authorized Signature

*

Parent/Guardian

Date

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20/21

*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 - Members not attending church 50% of the time will be changed to Non-Member pricing.

For Tuition Assistance, please apply through the FACTS link on our website by March 31. TAXES must be done prior to filling out the assistance application. **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 22nd, 2020.

Tuition Rates *

1st Member Student	\$4850.00	Community Student	\$5350.00
2nd Member Student	\$4550.00	Additional Student	\$5050.00
3rd Member Student	\$4200.00	Additional Student	\$4850.00
(& All Additional Students)		(& All Additional Students)	

Tuition Payment Options Please circle one payment option.

***One of the available plans must be selected at the time of registration.** To enter a timely 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 19th)

B. Semester Payment Plan (Payment 1 Due-Aug.19th)(Payment 2 Due-Jan. 4th)

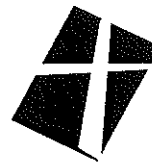
C. Quarterly Payment Plan (Payment 1 Due-Aug.19th, Payment 2-Oct. 16th,
Payment 3-Jan. 4th, Payment 4-Mar. 19th)

D. Monthly Payments

10 Monthly Payments: (**Payments from Aug__ 2020-__ May__ 2021**)

11 Monthly Payments: (**Payments from July__ 2020-__ June__ 2021**)

12 Monthly Payments: (**Payments from July__ 2020-__ July__ 2021**)



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 agency for speech or academic reason?

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

Yes No Are there any disciplinary records on file regarding your child?
If "yes", provide details of the disciplinary action below.

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 current
- Physical on file.

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: _____