



**IMMANUEL
LUTHERAN**

Parent Checklist

Please use this list as a reference for documentation needed to complete your student file.

Please provide the following information:

- Completed Application
- Partner Scholarship Application
- Race & Ethnicity Report (Kindergarten or out-of-state transfer)
- Home Language Survey (Kindergarten or out-of-state transfer)
- Parent Health Appraisal
- Schedule a Student Assessment with Rachelle
- Immunization Records or Medical/Religious Waiver
- Birth Certificate
- Prior School Report Card (grades 1-8)



IMMANUEL
LUTHERAN

Application for Enrollment

Show me your ways, O Lord, teach me your paths. Psalm 25:4

Student Information:

Date _____ Application is for grade _____ School Year _____

Kindergarten Full Day _____ Half Day _____

Child's Name _____

First

Middle

Last

Birthdate _____ Male _____ Female _____

Address _____

City, State & Zip Code _____

Home Phone _____

Baptism Date _____ Church and City of Baptism _____

Previous Schools Attended (include pre-K & Kindergarten) _____

Mother/Guardian Information:

- Married
- Separated
- Divorced
- Widowed
- Step Mother
- Guardian

Name _____

Address _____

City, State & Zip Code _____

Home Phone _____ Cell Phone _____ Email _____

Occupation & Business Name _____

Church Membership _____



IMMANUEL LUTHERAN

Father/Guardian Information:

- Father
- Step Father
- Guardian

Name _____

Address _____

City, State & Zip Code _____

Home Phone _____ Cell Phone _____ Email _____

Occupation & Business Name _____

Church Membership _____

Please list full names of other children in family:

Name of child	Birthdate	Grade	School Attending
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has your child experienced any difficulty in previous schools? If yes, please explain difficulty on separate sheet of paper.

- Yes
- No

How did you hear about Immanuel Lutheran School? _____

Having fully and satisfactorily acquainted myself with the program, policies and regulations of Immanuel Lutheran School, I hereby make application for the admission of my child. I pledge my wholehearted support and cooperation with the administrative, education, and financial policies of the school.

Parent(s) Signature _____

Immanuel Lutheran School does not discriminate on the basis of race, color, sex, national or ethnic origin in the administration of its education and admission policies, athletic or other school administered programs.

Immanuel Lutheran Church & Gloria Dei Hispanic Mission

Financial Assistance Partner Application

As a partner with Immanuel Lutheran Church or Gloria Dei Hispanic Ministry, we agree to the following:

- Attend at least 50% of weekend church services as a family. Regular, more frequent attendance is encouraged.
- Participate in at least one multi-week Bible study each year. This can be accomplished by attending adult education classes or other Christian education programs.
- Practice faithful giving of time and talents. (Examples: volunteering, reading in church, adult choir, etc.).
- Support Immanuel Lutheran Church's or Gloria Dei's ministries more broadly through regular and proportional giving over and above what is paid in tuition through participating in the annual stewardship campaign by making and fulfilling a financial pledge.
- Involve our child/children in confirmation (mandatory), communion instruction, and other age-appropriate Christian education programs such as youth group or Sunday School.

We agree to fulfill the requirements of this partnership as described above and would like to be approved for a partner scholarship. We plan to accomplish the requirements of this partnership by doing the following and/or we are already doing the following: _____

- We are members of Immanuel Lutheran Church or Gloria Dei Hispanic Ministry.
- We are members of _____ Church.
- We are interested in receiving more information about Immanuel Lutheran Church or Gloria Dei Hispanic Ministry.
- We are interested in speaking with a pastor about becoming members of Immanuel Lutheran Church or Gloria Dei Hispanic Ministry.

Name _____

Address City, State & Zip Code _____

Home Phone _____ Cell Phone _____ Email _____

.....Office Use Only.....

- This family has been approved for the partner scholarship.
- This family cannot be approved for the partner scholarship at this time.

Principal _____

Pastor _____

Date _____

RACE AND ETHNICITY REPORT

(Only for enrolling Kindergarten & Out-of-State Transfers)

The Indiana Department of Education requires us to report the following information on each of our students so that we can stay accredited. BOTH PARTS of the form must be completed.

Part 1: ETHNICITY

Is this individual Hispanic/Latino? (Choose Only One)

- No, Not Hispanic/Latino
- Yes, Hispanic/Latino

A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Part 2: RACE

What is the individual's race: (Choose One or More)

- American Indian or Alaska Native

A person having origins in any of the original peoples of North America and maintaining cultural identification through tribal affiliation or community recognition.

- Asian

A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

- Black or African American

A person having origins in any of the black racial groups of Africa.

- Native Hawaiian or Other Pacific Islander

A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

- White

A person having origin in any of the original peoples of Europe, North Africa or the Middle East.

STUDENT NAME: _____ GRADE: _____

One form for each student enrolled at ILS must be completed

HOME LANGUAGE SURVEY

(Only for enrolling Kindergarten & Out-of-State Transfers)

Immanuel Lutheran School is required by the Indiana Department of Education to document the first (native) language of each student and record this information on his/her permanent record.

NAME OF STUDENT _____

GRADE _____ AGE _____ MALE _____ FEMALE _____

1. English was the language learned when this student first began to talk.

YES _____ NO _____

2. English is the language most often spoken at home.

YES _____ NO _____

3. English is the language most often spoken by the parents of this student.

YES _____ NO _____

If you answered "NO" to questions 1, 2, OR 3, specify the language used other than English _____

Printed Parent/Guardian Name _____

Date: _____

Parent Health Appraisal

Information on this form may be shared with appropriate personnel for health and educational purposes

Name _____ Birthday _____ Age _____ Sex _____

Address _____ Phone _____ Grade _____

Father _____ Mother _____ Guardian _____

Family Structure: Married _____ Divorced _____ Single _____ Extended _____

Medical History: Has child had or does child now have any of these conditions/illnesses?

Please mark with an X and explain on additional paper.

Date of chickenpox is required. (Season, i.e. spring is acceptable)

- | | | |
|---|--|---|
| <input type="checkbox"/> Chickenpox (____/____) | <input type="checkbox"/> Seizures | <input type="checkbox"/> Hyperactivity |
| <input type="checkbox"/> Meningitis Type _____ | <input type="checkbox"/> Freq. nose bleeds | <input type="checkbox"/> Problems immediately after birth |
| <input type="checkbox"/> Freq. Ear infection | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Tubes in ears |
| <input type="checkbox"/> Thumb sucking | <input type="checkbox"/> Premature Birth | <input type="checkbox"/> Difficultly Seeing/Vision |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Freq. headaches | |
| <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Tires easily | |

Birth Weight _____

Age at Talking _____

Age at Walking _____

Right Handed

Left Handed

Number of Older Siblings _____ Number of Younger Siblings _____

What medication, if any, is the child taking? _____

Any known physical disabilities: (explain) _____

Other serious illnesses (types & dates) _____

Skin conditions (explain) _____

Frequent colds or sore throats (explain) _____

Allergies/Food Allergies/ Restrictions _____

Asthma (explain) _____

Injuries (types & dates) _____

Hospitalizations (reasons & dates) _____

Operations (types & dates) _____

Speech, Hearing and Vision Needs?

Do you feel your child has a speech problem? _____

Has your child ever received speech therapy? _____

Have you ever noticed reduction in hearing? _____ When _____

Has your child had a vision exam or treatment? ____ Describe _____

Psychological, Emotional and Behavioral History:

Did your child attend preschool? _____

Has your child had experience in group programs? _____

Has your child had any emotional problems? (explain) _____

Sleep habits? _____ Hours Per night? _____

How does your child feel about starting school? _____

Special Information About Your Child:

Other information to help us understand your child? _____

Is there information you do not want to include on this form that you would like to talk about with the nurse, teacher, or principal? _____

I, the undersigned parent/guardian give my consent for participation in all physical activities and classes.

Parent/Guardian _____ Date _____

Immanuel Lutheran Physician's Examination

Child's Name: _____ DOB _____

(Information on this form may be shared with appropriate personnel for health and educational purposes)

Healthcare provider please attach immunization records to this form

Physical Examination: To be completed by a physician prior to the first day of school

	Normal	Abnormal	Comments
Skin			
Eyes			
Ears			
Nose/Throat			
Dental			
Cardiovascular			
Respiratory			
Gastrointestinal			
Genito-Urinary			
Neurological			
Muscular-Skeletal			
Emotional Status			

Height:
Weight:
B/P:
Allergies:

Optional Screening	Date	Results	Comments
Hemoglobin			
Urinalysis			
Vision Screening			
Hearing Screening			
Scoliosis Screening			

Medications _____

Diet Restriction/Needs _____

Special Equipment Needs _____

Other Needs or General Comments _____

On the basis of this examination I approve this child's participation for one year in Physical Education. If no, please attach explanation.

Yes No

Date: _____ Physician Signature: _____

Office Address _____ Phone _____

