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
- ☐ Financial Assistance 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 hearby 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
Financial Assistance Partner Application

As a partner with Immanuel Lutheran Church or other affiliate Christian Church, 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 ministries more broadly through regular and proportional giving, over and above what is paid in tuition. For example, participating in an annual stewardship campaign, capital campaign, and/or making and fulfilling a financial pledge.
- Involve our child/children in confirmation, 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.

Name ____

Address City, State & Zip Code ____

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 (HLS)

The Civil Rights Act of 1964, Title VI, Language Minority Compliance Procedures, requires school districts and charter schools to determine the language(s) spoken in each student's home in order to identify their specific language needs. This information is essential in order for schools to provide meaningful instruction for all students as outlined Plyler v. Doe, 457 U.S. 202 (1982).

The purpose of this survey is to determine the primary or home language of the student. The HLS must be given to all students enrolled in the school district / charter school. The HLS is administered one time, upon initial enrollment, and remains in the student's cumulative file.

Please note that the answers to the survey below are student-specific. If a language other than English is recorded for ANY of the survey questions below, the W-APT will be administered to determine whether or not the student will qualify for additional English language development support.

Please answer the following questions regarding the language spoken by the student:

1. What is the native language of the **student**? ____________________

2. What language(s) is spoken most often by the **student**? ____________________

3. What language(s) is spoken by the **student** in the home? ____________________

Student Name:____________________ **Grade:**__________

Parent/Guardian Name:____________________

Parent/Guardian Signature:____________________**Date:**__________

By signing here, you certify that responses to the three questions above are specific to your student. You understand that if a language other than English has been identified, your student will be tested to determine if they qualify for English language development services, to help them become fluent in English. If entered into the English language development program, your student will be entitled to services as an English learner and will be tested annually to determine their English language proficiency.

For School Use Only:

School personnel who administered and explained the HLS and the placement of a student into an English language development program if a language other than English was indicated:

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)

- ☐ Chickenpox (_____/_____)
- ☐ Meningitis Type _____
- ☐ Freq. Ear infection
- ☐ Thumb sucking
- ☐ Heart Disease
- ☐ Fainting Spells
- ☐ Seizures
- ☐ Freq. nose bleeds
- ☐ Diabetes
- ☐ Premature Birth
- ☐ Freq. headaches
- ☐ Tires easily
- ☐ Hyperactivity
- ☐ Problems immediately after birth
- ☐ Tubes in ears
- ☐ Difficultly Seeing/Vision

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 ________________