

Martin Luther Grammar School/Immanuel Academy
Student Enrollment Form for the School Year Beginning Fall of 20_____

Note: First-Time Registration is not complete until the non-refundable \$100 fee has been paid. No fee for re-enrollment.

Student's Full Legal Name _____

Enrollment Grade _____ Date of Birth _____

Kindergarten: Has Child been pre-screened? Where? _____

Previous schooling history: Location, School Name, Dates _____

Signature for authorization for release of school records (if applicable) _____

Parent(s) or Legal Guardian(s) with whom child resides _____

First Parent Street Address _____

Telephone _____

E-mail address: _____ Cell Phone _____

Second Parent Street Address _____

Telephone _____

Email address: _____ Cell Phone _____

What is the best day/time/way to contact you? _____

Special Needs (speech, visual, etc) _____

Other information about your child (fears, special needs, allergies, likes, dislikes, etc.)

Family Doctor _____

Address and Phone Number _____

Family Dentist _____

Address and Phone Number _____

Please complete other side

Church Membership (Local Congregation) _____

Address and Phone Number _____

Date of Baptism _____

Name, Phone and E-mail address of your Pastor: _____

Emergency Contact # 1, Name and Phone Number _____

Emergency Contact # 2, Name and Phone Number _____

Emergency Contact # 3, Name and Phone Number _____

Please Note: The Admission Process is not complete without

An Interview with the Headmaster

A Tour of the School

An Interview with the Classroom Teacher (if determined necessary by the Headmaster)

Official Admission Notification from the School Board and Headmaster

A Signed Handbook Section 10 Form is Required to be Signed Before the First Day of School