

**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 \_\_\_\_\_

Church Membership (Local Congregation) \_\_\_\_\_

Address and Phone Number \_\_\_\_\_

Baptism Date \_\_\_\_\_

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