

IMMANUEL LUTHERAN SCHOOL 2010-2011 Registration Form -- Grades PK-8

PLEASE FILL IN COMPLETELY

HOME PHONE _____

FATHER'S NAME _____ MOTHER'S NAME _____
LAST FIRST LAST FIRST

ADDRESS _____
STREET ADDRESS CITY ZIP

List the child(ren) to be enrolled, beginning with the oldest child and ending with the youngest.

STUDENT'S NAME	SEX	GRADE ENTERING	BIRTHDAY (MM/DD/YY)	BAPTISM DATE** (MM/DD/YY)

** Please fill in the Baptism date (month-day-year) for all new students

PARENTS NOTE: All children must be the appropriate age for the grade they are entering, before Sept. 1 of the school year.
NEW STUDENTS MAY BE TESTED BEFORE PLACEMENT IN A CLASS.

PREVIOUS SCHOOL ATTENDED (New students) _____

COMPLETE ADDRESS OF PREVIOUS SCHOOL _____
Street Address City State Zip

PARENT'S CHURCH AFFILIATION: _____
Name of Church Denomination

Address of Parents' Church _____
City State

IF LUTHERAN, WHICH SYNOD? _____

SCHOOL DISTRICT IN WHICH YOU RESIDE: [] Men. Falls [] Ham/Sus* [] Elmbrook* [] Wauwatosa [] MPS*
 [] Other (specify) _____

*PLEASE NOTE: Certain areas of MPS, Ham/Sus, and Elmbrook school districts receive bus contracts.

If you require any further information, please call the school office at 262-781-4135.

THIS FORM MUST BE COMPLETED IN FULL BEFORE IT CAN BE ACCEPTED

For Office Use: Date received _____ Registration Fee Paid _____ (CK. # /cash)