

Immanuel Lutheran School
 30 S Wabasha St.
 Plainview, MN 55964
 Phone (507) 534-2108
 office@immanuelplainview.org



Grade Entering: _____
 New student
 Returning Student

2024-2025
Immanuel Lutheran School
K-8 Registration Form

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Birthdate _____ Male: _____ Female: _____ Baptism Date: _____

Last Name: _____ First: _____ Middle: _____

Person Child Lives With: _____

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Last Name: _____ First Name: _____

Home Address: _____ Email: _____

Cell # _____ Employer: _____ Work #: _____

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Last Name: _____ First Name: _____

Home Address: _____ Email: _____

Cell # _____ Employer: _____ Work #: _____

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Joint Custody Info (If applicable): _____ Permission to pick up? _____

Name & Age of Siblings: _____

Home Church: _____

FOR OFFICE USE ONLY

DATE / TIME REC'D _____

TUITION TOTAL: _____

INVOICED: _____

REGISTRATION FEE PAID:

ENTERED ONLINE:

Immanuel Lutheran School 2024-2025 Fees

Registration Fee prior to April 15, 2024 - \$200 per student
Maximum of \$400 per family

Registration Fee After April 15, 2024 - \$250 per student
Maximum of \$500 per family

K-8 Tuition (Monthly)

	ILC Members	Sister Church	Non-Members
1 st Child	\$250	\$260	\$290
2 nd Child	\$205	\$215	\$250
Each Additional Child	\$145	\$150	\$160

10 Volunteer hours completed each **quarter reduces your family's **quarterly** tuition by \$50**

We are: ILC Members Sister Church Members Non-Members

Use table above to complete:

Please order oldest to youngest

This is my: First Student (oldest child) Second Student Third Student

I will pay \$ _____ for **this student** a month.

**Unless paying in full at the start of the school year, 9 monthly payments are expected throughout the year.
(September 2024 – May 2025)

Multiply monthly total by 9 (for the yearly commitment 24-25 year)

\$ _____ 24-25 Yearly commitment for this student

Signature

Date

****Secret Angel and Adopt-A-Student scholarships are available***

AUTHORIZED RELEASE AND EMERGENCY CALL LIST

If we are unable to reach you, in case of illness or emergency, please list IN ORDER the people you want us to contact to pick up your child. ***Please list at least 2.***

We only release (dismiss) your child to a parent or those authorized in writing by their parents. We reserve the right to ask for ID at any time of any person.

The following person(s) may pick up my child from ILS in my absence:

Name	Relationship	Phone #
Address		

Name	Relationship	Phone #
Address		

Signature	Date
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HEALTH INFORMATION

Allergies (Food or Other): _____

For food allergies, we need a note from your child's Dr. if you do not want them served certain foods / milk during lunch

Other Medical Information that would be helpful for us to know:

I hereby give permission for members of the staff at ILS to seek emergency medical treatment for my child in the event I cannot be contacted.

Signature	Date
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ILS PHOTO RELEASE STATEMENT

I hereby grant Immanuel Lutheran School rights to use and publish pictures and other media to capture my child's likeness, or in which my child may be included in whole or in part. I also consent the use of any printed matter in conjunction therewith.

I give permission for my child to be in photographs/video for the school website, Facebook and newspaper as part of Immanuel Lutheran School.

I do realize my child is being photographed and do give permission to Immanuel Lutheran School to do this freely and in good will.

Signature	Relationship	Date
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ILS PERMISSION TO PUBLISH PHONE & ADDRESS

I give permission for my child's address and phone number to be published on a class roster and distributed to school families, as well as the Bluff Country Bus Company for contact purposes ONLY.

Signature	Relationship	Date
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****Please respect the intention that class rosters are for school family use only (play dates, carpools etc.) If there are any changes to your roster information, please let us know as soon as possible. ****

WALKING PERMISSION

There are times during the school year when the students will have the opportunity to participate in a walking field trip around the grounds of the school, to nearby libraries, or other local businesses and community resources. This is a wonderful way to expose the children to local resources and relationships between curriculum and community.

Your permission is required for your child to participate. I give permission for my child to accompany his/her class on all walking field trips planned and supervised by Immanuel Lutheran School for the 2024-2025 school year. Staff will ensure a safe walking route and supervision to/from the school.

Signature	Relationship	Date
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