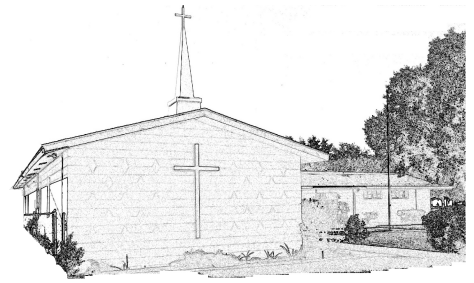


Immanuel Lutheran Church and School
1449 34th St. NW
Winter Haven, FL 33881-1903
(863) 967-5145



Application Form for Immanuel Lutheran School Grades PreK-8

(Please print this form and fill out the information. Mail to the above address. Please print clearly.)

Last Name	First	Middle	Grade Enrolling	Age
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Street Address	City	State	Zip Code
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Telephone	Date of Birth	Social Security Number
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Father's Cell Phone	Mother's Cell Phone	Email Address
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Father's Name	Father's Place of Work	Father's Work Phone
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Mother's Name	Mother's Place of Work	Mother's Work Phone
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Marital Status of Parents	Names and Ages of Brother and Sisters
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Name of Previous School	Address of Previous School	Phone Number of Previous School
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Reason(s) For Leaving Previous School

Family Doctor	Family Doctor's Telephone Number
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Medical Insurance Name

Note any allergies, health problems, or physical handicaps your child may have. Please list all medications your child is taking. Please give the name and telephone number of an emergency contact person.

Emergency Contact Name	Emergency Contact Telephone or Cell Number
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Write any other information that you feel needs to be written about your child for the consideration of your child at Immanuel.

I (we) agree to abide by the school's educational and financial policies as outlined in the "Student Handbook". The school also needs a birth certificate, a record of immunizations, a social security card, and your child's last report card.

Signature of Parent or Guardian	Date
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