

IMMANUEL LUTHERAN SCHOOL
Okawville, Illinois

REGISTRATION INFORMATION

Last Name _____ First Name _____ Middle Name _____

Preferred Name _____ Birth Date _____

Suffix _____ Gender _____

Mailing Address _____ Physical Address (if different)
1) _____

2) _____

3) _____

City _____ State _____ Zip _____

Phone _____ Cell _____

Social Security Number of Student _____

General Alerts

Grade level in August of the present year _____

Language spoken at home _____ Bilingual _____ Yes _____ No

Pull out services for special needs _____ Yes _____ No

Has ISP, IEP, or 504 accommodations – circle where appropriate

Disability (yes, no) if yes, please explain: _____

Ethnicity _____ Birth Place _____

Mother's Maiden Name _____

Marital Status of parents _____

Lives with _____

Previous School _____

Migrant: _____Yes _____No

Contact Information:

Mr., Mrs., Ms. _____ First Name _____ Last _____

Address: 1) _____

2) _____

City, State, Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Other Phone _____

Custodial Status _____ Relationship _____

Can Pick Up _____Yes _____No Needs bus transportation _____ Yes _____No

Lives with _____ Disciplinary Contact _____Yes _____No

Primary Care Provider _____Yes _____No

Employer _____

E-Mail _____

Prevent all contact between this person and this student _____

Notes: