

Immanuel Lutheran School		ENROLLMENT FORM		2026-2027 School Year	
Family Name:		Date of Admission/Withdrawal		Entering Grade	
Child's Name:		Date of Birth:		Baptismal Date (Month):	
Mailing Address:		Email Address:		Home Phone #	
Physical Address:		City:		Zip Code	
Father/Stepfather/Guardian (please circle one)				Cell Phone:	
Name of Employer:				Work Phone	
Mother/Stepmother/Guardian (please circle one)				Cell Phone	
Name of Employer:				Work Phone	
Parents Marital Status (Please circle one): Married Separated Divorced Widowed Single					
Student Lives With (Please circle one): Parents Mom Dad Other (Please specify)					
Church you attend:					
Public School your child would attend if not Immanuel Lutheran School?					
Has your child repeated a grade? If yes which grade?					

Immanuel Lutheran School admits students of any race, color, nationality and ethnic origin to all rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national origin, sex, age, disability, religion or political belief in the administration of its educational policies, admission policies, athletic and other school administered programs.

Please initial each numbered item noting you have read and understand the point....

As a parent interested in Christian Education it is my sincere promise, with the help of God to adhere to the following:

1. That my child will attend school regularly, faithfully and comply with the discipline and policies of Immanuel Lutheran School.
2. That I will cooperate with the religious training given to my child and sincerely try to be consistent with the teachings of the Christian Church.
3. That, if I am not an active member of another Christian denomination, I will strive to attend my church weekly, making sure that my child also attends.
4. That, if I am not an active member of another Christian denomination, I will display an openness to the teaching and preaching of God's Word and encourage my child to do the same.
5. I am also aware that my child is on a nine week probationary period and if she/he is not passing overall and maintaining a positive deportment record she/he may be asked to leave Immanuel Lutheran School.
6. **I/we agree to pay the tuition according to the following arrangements and to conclude all required payments by May 1, 2027.**
10 payment plan – First payment due August 1, 2026. Payments are due on the first calendar day of each month and late on the tenth (10th) calendar day of the month. (See # 7 below)
Pay for the entire school year (receive 5% discount)
Pay for one semester (receive 3% discount)
7. **I/we understand that a charge of \$20.00 will be assessed on accounts not paid in full by 4:00 PM on the 10th calendar day of each month.**
8. I /we understand that if my/our account is 30 days (or 1 payment) delinquent, the result may be the withdrawal of our child/ren from Immanuel Lutheran School until the account is current, or acceptable arrangements have been made with the Board of Education.
9. I/we understand that there will be \$10.00 charge for any check returned to the school by the bank.
10. **I/we agree to pay the balance of our account before requiring transcripts to be released.**
11. For re-enrolling student: All outstanding tuition and fees from the 2025-2026 school year must be paid in full in order to continue enrollment at Immanuel Lutheran School for the 2026-2027 school year.
12. Fundraisers: The school is self-supporting and we depend on the co-operation of all parents.
Therefore parents are expected to help and participate in all school fundraisers.
Fundraiser profits supplement tuition payments which allow you lower tuition.
Tickets for fundraisers must be sold or bought by the family.

Payment Option must be chosen and form signed before student is considered registered

Father's Signature _____ Date _____

Mother's Signature _____ Date _____

Immanuel Lutheran School			Medical Service Form			2026-2027 School Year		
LAST Name			First		Middle Initial		Date of Birth	
Address:								
Name of Parent/Guardian:								
Home Phone:			Work Phone					
IN CASE OF EMERGENCY:								
Name:			(Relationship)					
Name:			(Relationship)					
HEALTH HISTORY - Please comment if applicable: Surgeries, special Treatments etc.								
PLEASE INFORM THE TEACHER / CHURCH OFFICE IF YOUR CHILD HAS BEEN TREATED WITHIN THE LAST YEAR								
FOR ANY HEALTH CONDITIONS LISTED BELOW.								
Allergic to medication?			YES	NO	if yes to what!			
Any Allergies to food?			YES	NO	if yes to what!			
Other Allergies??			YES	NO	if yes to what!			
A REACTION TO INSECT STINGS?			YES	NO	TO FIRE ANTS?		YES	NO
If yes what kind or reaction!			Swelling around the bite area only		YES	NO	Itching YES NO	
Hives	YES	NO	Swelling of the lips and / or eyelids		YES	NO	Difficulty breathing YES NO	
Other								
What kind of Treatment?								
*IF IMMEDIATE TREATMENT FOR INSECT STINGS IS REQUIRED,								
SEND MEDICATION AND PHYSICIANS'S PROTOCOL TO SCHOOL.								
Asthma?	YES	NO	Age of onset		Inhaler?	YES	NO	Keep on person? YES NO
Diabetes?	YES	NO	Age of onset		If yes what kind of treatment?			
Bone or muscle problems?	YES	NO	Age of onset					
If yes what kind of treatment?								
Heart problems?	YES	NO	Age of onset					
If yes what kind of treatment?								
Hyperactive Behavior and / or Attention Deficit disorder?					YES	NO	Age of onset	
If yes what kind treatment?								
Emotional / Behavioral Problems?			YES	NO	If yes what kind?			
What kind of Treatment?								
Urinary or Bladder problems?			YES	NO	Age of onset			
Neurological Disorder (i.e.) seizures?			YES	NO	Age of onset			
Vision Problems	YES	NO	Wear Glasses?		YES	NO		
Hearing Problems	YES	NO	Wear Hearing aid?		YES	NO		
Severe injuries	YES	NO	Age of onset		If yes what kind?			
Operations?	YES	NO						
Blood Disorder?	YES	NO						
Chronic Dental Problems?	YES	NO						
Other medical problems not yet asked?			YES	NO				
Does your child need any special diet?			YES	NO				
If yes, a signed document / letter from a doctor / nutritionist is required.								
Please bring the document / letter to the church office.								

Minor first-aid is given to students at school. Medication cannot be given to the students unless:
Written request to dispense medication is signed by the parents.
No over the counter medication or medication from Mexico will be administered by staff of Immanuel Lutheran School.
The information on this form is confidential and will only be shared on a need to know basis.
In case of an emergency and I cannot be reached, I the undersigned do hereby authorize the staff of Immanuel Lutheran School to take whatever action is necessary in the judgment for the health of my child. Immanuel Lutheran School is not financially responsible for the emergency care and / or transportation of my child.
Parent / Guardian Signature _____ Date _____

Immanuel Lutheran School	Activities Permission Form	2026-2027 School Year
Check all that apply:		
1	TRANSPORTATION	
☐	I give my consent for my child to be transported and supervised by facility's staff:	
☐	On field trips	
☐	To and from home	
☐	To and from school	
2	WATER ACTIVITIES:	
☐	I give my consent for my child to participate in water activities:	
☐	Splashing pools	
☐	Swimming pools	
☐	Wading pools	
☐	Other bodies of water provided by the facility	
3	FIELD TRIPS:	
☐	I give my consent for my child to participate in field trips:	
☐	Yes	
☐	No	
Parents Comments:		
Signature: Parent/Guardian Date		

IMMANUEL LUTHERAN SCHOOL

703 West 3RD Street

Mercedes, Texas 78570

Church office # 956.565.1518

Office Hours: 8:00 a.m. to 12:00 p.m.

2026-2027

PHOTO PERMISSION SLIP

I hereby give Immanuel Lutheran School permission to include photographs of my child in any school publication, on its website, Facebook and in publicity documents.

We will never reference your child by name or provide any specific information regarding your child.



Yes: _____ No: _____

Child's Name: _____

Parent Signature: _____ Date: _____