



Immanuel Lutheran School
154 Meadow Street
Bristol, CT 06010

Application for Enrollment
(Please complete one application for each student)

Student's Full Name _____ Grade Entering _____
Last First Middle

Primary Address, City, Zip _____ Home Phone Number _____

Gender: M F Birthdate _____ Baptized: Y N Date _____
(Circle) (Circle)

Family Profile:

Student lives with: (Check One)

Both Parents _____ Mother Only _____ Father Only _____ Grandparent _____ Other (Please Specify) _____

Parents are: Married _____ Divorced _____ Separated _____ Deceased: Mother _____ Father _____

Father
Legal Name _____
Address (if different from student) _____
Employer _____
Work Phone _____
Cell Phone _____
Email _____
Church Membership _____

Mother
Legal Name _____
Address (if different from student) _____
Employer _____
Work Phone _____
Cell Phone _____
Email _____
Church Membership _____

Student Profile—Please identify the following:
Last school attended: _____ How long? _____
Location (city, state, zip) _____
Reason for leaving if applicable _____

How did you hear about Immanuel? _____

Please read and complete the second page of this application.

