



Immanuel Ev. Lutheran School  
 8220 E. Holland Road  
 Saginaw, MI 48601  
 (989) 754-4285  
[school@frankentrost.org](mailto:school@frankentrost.org)

## Enrollment Form

<b>Student Information</b>		
First Name:	Last Name:	Grade Entering:
Date of Birth:	Male          Female	
Child Home Address:		City                      State:      Zip:
Public School District Membership:		
Baptized:	Yes          No      If Yes:	Church:                      Date: City/State
Race:		Ethnicity:
<input type="checkbox"/> American Indian – Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black – African American <input type="checkbox"/> Hispanic - Latino <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian – Pacific Islander <input type="checkbox"/> Two or more races <input type="checkbox"/> Prefer not to answer		<input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Prefer not to answer

Sibling Information			
Name	Age	Grade	School

Parent/Guardian Information	
Mother	Father
Home address:	Home Address
City:                      State:                      Zip:	City:                      State:                      Zip:
Primary Phone:	Primary Phone
Cell Phone:                      Provider:	Cell Phone:                      Provider:
Email address:	Email Address:
Occupation:	Occupation:
Employer:	Employer:
City:                      State:	City:                      State:
Parental Status: Married    Divorced    Separated    Single	Parental Status: Married    Divorced    Separated    Single
Step-Father Name:	Step-Mother Name:
Church/Religion    Membership	Church/Religion    Membership



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Emergency Contact Information		
First Name:	Last Name:	Relationship
Primary Phone:	Allow for Texting Yes No	
Cell Phone:	Allow for Texting Yes No	

Emergency Contact Information		
First Name:	Last Name:	Relationship
Primary Phone:	Allow for Texting Yes No	
Cell Phone:	Allow for Texting Yes No	

Emergency Contact Information		
First Name:	Last Name:	Relationship
Primary Phone:	Allow for Texting Yes No	
Cell Phone:	Allow for Texting Yes No	

Medical Treatment Information	
Doctor's Name:	Phone #:
City:	Insurance Provider:
Policy Holder Name:	

Medical Information: Any medical information your child may have now i.e. asthma, allergy...



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**Permissions**

**Medical Treatment Permission**

In the event of a medical emergency, I hereby grant employees of Immanuel Lutheran School permission to seek emergency medical and/or surgical treatment for my child as necessary.

**Photo Publication Permission**

I grant Immanuel Lutheran School permission to publish my child's photo in the local newspaper, on church and school websites and social media sites.

**Fast Direct Parent Information Permission**

I authorize Immanuel Lutheran School to send text messages, email forwarding and publishing my/our address, home phone, email address in school directory and Parent-Teacher Handbook.

**Field Trip Permission**

I hereby grant permission to Immanuel Lutheran School to have my child transported in a vehicle according to state and federal law. I also give my child permission to participate in field trips.

**Student Release Permission**

I grant permission to Immanuel Lutheran School to release my child to:

First Name	Last Name	Relationship

Student Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**Dear Parent/Guardians,**

Thank you for providing this important personal information for your child's school records. If you wish, tell us more about your child (add any additional pages):


**Preschool Parent/Guardian:** I have read the Immanuel Lutheran Preschool Handbook and agree to uphold and maintain the guidelines and practices outlined in the Handbook.

**Printed Name:**

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**Signature**

**Date:**

**Young Five Parent/Guardian:** I have read the Immanuel Lutheran Young 5's Handbook and agree to uphold and maintain the guidelines and practices outlined in the Handbook.

**Printed Name:**

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**Signature:**

**Date:**

Enrollment is completed when we receive the following information:



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1. Completed Enrollment Form
2. Health Appraisal (Green Form)
3. Birth Certificate Copy
4. Student Record Release Form
5. Concussion Form
6. Technology Usage Form
7. Young 5's "Licensing Notebook Notification Form"
8. Preschool and Young 5's "Child Information Record Card"
9. Complete FACTS Tuition and Fee Online Payment:  
<https://online.factsmgt.com/signin/3YTH7> or access site at [www.frankentrost.org](http://www.frankentrost.org)
10. FACTS Tuition Assistance Online Application  
<https://online.factsmgt.com/signin/3YTH7> or access site at [www.frankentrost.org](http://www.frankentrost.org)

Thank you for sharing your time with us in the completion and return of necessary forms and permissions.

Soon you will receive an "Activation Code" for the set-up of a school information account.

Activate FastDirect School Information Account: <https://ssl.fastdir.com/ils/>

View: Student Grades-Homework-Cafeteria Menu and Meal Accounts

Communicate: Teachers-Principal-Secretary-Athletic Director

Links to: Parent Handbook-Athletic Handbook-Student Dress