



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

Enrollment Form

Student Information

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: <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	Ethnicity: <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Prefer not to answer	

Sibling Information			
Name	Age	Grade	School

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):



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

Parent/Guardian Information

Parent/Guardian 1:		Relationship:	
Home address (if different):			
City:	State:	Zip:	County:
Primary Phone:			
Cell Phone:	Provider:	Ok to Text: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Email address:			
Occupation:			
Employer:			
City:	State:		
Parental Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single			
Step-Parent Name:			
Phone:			
Religion/Church Membership:			
Parent 2:		Relationship:	
Home address (if different):			
City:	State:	Zip:	County:
Primary Phone:			
Cell Phone:	Provider:	Ok to Text: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Email address:			
Occupation:			
Employer:			
City:	State:		
Parental Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single			
Step-Parent Name:			
Phone:			
Religion/Church Membership:			

Additional family circumstances we should be aware of:



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

Emergency Information

Emergency Contact 1	
First Name:	Last Name:
Relationship	
Phone:	

Emergency Contact 2	
First Name:	Last Name:
Relationship	
Phone:	

Emergency Contact 3	
First Name:	Last Name:
Relationship	
Phone:	

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

Medical Information (Please provide documentation from a Dr. regarding any allergies and serious medical conditions, including a medical action plan if necessary).
Food Allergies:
Medical Allergies:
Additional Medical Information (i.e. asthma, seizures, etc.):

***Please note that you will need to have a Medication Authorization form filled out for any medication your child may need to take while at school. Medication must be in a pharmacist container or the original over-the-counter packaging and must be brought in to the school by (and returned to) an adult.**



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

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 hereby 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 and/or bus 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: _____		



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

Parent/Guardian: I have read the Immanuel Lutheran Student Handbook and/or Preschool Handbook and agree to uphold and maintain the guidelines and practices outlined in the Handbook. I understand that the Student Handbook and Preschool Handbook are available online at: www.frankentrost.org/school-home or a paper copy may be obtained in the school office.

Printed Name:	
Signature	Date:

Enrollment is completed when we receive the following information:

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. Child Information Record Card (Preschool Only)
8. Written Information Packet Documentation (Preschool Only)
9. Complete FACTS Tuition and Fee Online Payment:
<https://online.factsmgt.com/signin/3YTH7> or access site at www.frankentrost.org
10. FACTS Tuition Assistance Online Application
<https://online.factsmgt.com/signin/3YTH7> or access site at 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 Code