



# Application for Enrollment

## Illinois Lutheran Schools

1610 Main Street, Crete, IL 60417 • 708.672.3262

448 Cass Street, Crete, IL 60417 • 708.672.5969

Illinois Lutheran Schools is an educational ministry of Trinity and Zion Evangelical Lutheran Churches of Crete, Illinois. Our school is governed by the Board of Directors of Illinois Lutheran Schools, Inc., a daughter corporation of Trinity and Zion created to oversee and carry out this ministry.

Illinois Lutheran Schools, Inc. is an association of congregations committed to the principles of Holy Scripture as espoused by the Wisconsin Evangelical Lutheran Synod. Illinois Lutheran Schools admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. The school does not discriminate on the basis of race, color, national and ethnic origin in administration of educational policies, calling of teachers, hiring of staff, admissions policies, scholarship and loan programs, and athletic and other school administered programs.

The primary purpose of Illinois Lutheran Schools is to teach students the Word of God so they may know their Savior, Jesus Christ, as the one and only way to heaven. Our school provides a solid academic education which is taught from the Christian perspective. Religious instruction is a regular part of the curriculum for all pupils. The structure, philosophy, and policies of the school are printed in the Parent-Student Handbook and should be read by all parents who are considering enrollment in the school.

### Our Mission

Illinois Lutheran Schools provides quality, Christian education to students of the Church and community, nurturing and reaching souls for time and eternity.



## **Student's Information**

Full Legal Name (first, middle, last): \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State & ZIP: \_\_\_\_\_ County: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Baptism Month: \_\_\_\_\_ Denomination: \_\_\_\_\_ Pastor: \_\_\_\_\_

Church: \_\_\_\_\_ City & State: \_\_\_\_\_

If NO, do you plan to have the child baptized? \_\_\_\_\_

This child lives with: \_\_\_\_\_

Name all who have legal custody of this child: \_\_\_\_\_

## **Ethnic Origin** (As required by the State of Illinois)

African American  Caucasian  Asian  Hispanic  Native American  Two or more

## **Father's Information**

Father's Legal Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address (if different from child): \_\_\_\_\_

City, State & ZIP: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Name and address of church where you actively participate and/or hold membership (if none, write "none"):

Marital Status:  Married  Separated  Divorced  Widowed  Remarried  Single

## **Mother's Information**

Mother's Legal Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address (if different from child): \_\_\_\_\_

City, State & ZIP: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Name and address of church where you actively participate and/or hold membership (if none, write "none"):

Marital Status:  Married  Separated  Divorced  Widowed  Remarried  Single

**Previous School Attendance**

Previous School Attended: \_\_\_\_\_

Address of school: \_\_\_\_\_

Last grade completed: \_\_\_\_\_ Grade entering (as of September 1): \_\_\_\_\_

Reason for leaving that school: \_\_\_\_\_

**Other Children in the Family**

Name	Age	Grade	School	Baptized
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please state specifically, why you wish to enroll your child in Illinois Lutheran.

\_\_\_\_\_  
\_\_\_\_\_

At this time, do you anticipate sending your child to Illinois Lutheran Junior High through eighth grade? (Please explain)

\_\_\_\_\_  
\_\_\_\_\_

At this time, do you anticipate sending your child to Illinois Lutheran High School? (Please explain)

\_\_\_\_\_  
\_\_\_\_\_

- Does your child currently have or have they at some time had a 504 Plan, IEP, ISP, or any other special education plan?  Yes  No
- Was your child in remote learning for the 2020-2021 school year?  Yes  No
- Has this child had any educational, behavioral, emotional, physical, or spiritual difficulty or concerns in school to this point in time?  Yes  No
- Has this child ever been retained in a grade?  Yes  No
- Has this child ever been suspended, expelled, or asked to voluntarily withdraw?  Yes  No
- Has this child had serious illness or injury?  Yes  No

If you answered yes to any of the above, please explain.

\_\_\_\_\_  
\_\_\_\_\_

Do you, as parents, have an interest in receiving information about one of our congregations?  Yes  No

Have you had the opportunity to visit one of our church services?  Yes  No

Have you read our Student Handbook and agree to follow it?  Yes  No

Will you allow your child to become an adult member of the WELS through confirmation if he/she so desires?  Yes  No

Please make any other comments that will assist us in making the decision regarding entrance of this child into Illinois Lutheran Schools.

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I have read and understand the procedures for application as listed on this form:  Yes  No

I affirm, to the best of my ability, all information on this form to be true and correct. If enrollment is granted, I will not in any way contradict, subvert, negate, or undermine the doctrines and teachings of Illinois Lutheran School, its faculty, staff, and students, or its supporting congregations, but will aid, support, help, and assist them in carrying out their duties. I also understand that enrolling in our school implies my agreement with all policies and procedures of our school.

Father/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Office Use

Principal:

Recommended for enrollment:  Yes  No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Church Membership status: Member (Trinity, Zion); Non-Member; Other Congregation: \_\_\_\_\_

Mission Prospect of:  Trinity  Zion

Registration fee amount paid: \$ \_\_\_\_\_ FACTS Account Opened:  Yes  No