

# IMMANUEL CHRISTIAN SCHOOL

SCHOOL YEAR 2020-2021



IMMANUEL  
CHRISTIAN SCHOOL  
EST. 1979

The following items must accompany the application: a) non-refundable fee of \$65.00; b) prior two years of the student's report cards; and c) IEP and/or 504 documents (if applicable).

Today's Date \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Applying for grade \_\_\_\_\_

Student's Legal Name \_\_\_\_\_  
Last First Middle

Birthplace \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

☐ Birth certificate received and verified

## CONTACT INFORMATION

*Who is the person you want to be in contact with your child's teacher regarding your child's academic progress and any behavior concerns?*

Primary Contact Person: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Secondary Contact Person: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

## PERSON RESPONSIBLE FOR PAYMENT OF TUITION

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

Payment Preference:

\_\_\_ 12 monthly payments. If you pay monthly, you will need to pay a \$45 fee to FACTS Tuition to set up your monthly auto-withdrawal service. *Also, if you are late on a monthly payment, you will be charged a \$50 late fee. NSF fees are an additional \$30.*

\_\_\_ 1 annual payment. If you pay your tuition in full (cash or check) by August 15, you will receive a 5% discount. If you pay by credit card, you will be responsible for the 3% transaction fee.

*"Bless the city...Pray to the Lord for it, because if it prospers, you too will prosper." - Jeremiah 29:7*

[www.icshazleton.org](http://www.icshazleton.org)

# PENNSYLVANIA STATE HOUSEHOLD SURVEY & DEMOGRAPHIC SURVEY

*Please complete the Household Survey and Demographic Survey.*

## HOUSEHOLD INFORMATION

We want to serve you to the best of our ability. We need to be informed and have a legal understanding of the student's family situation so that we can appropriately communicate with the student and family.

Parents are:

Other: \_\_\_\_\_

If divorced or separated, please explain custody arrangement:

*In some cases, we may ask for a copy of the custody papers signed by a judge that indicates custody placement.*

My child lives at more than one address (explain)

Check all that apply Child lives with:	Name
<input type="checkbox"/> Mother	
<input type="checkbox"/> Father	
<input type="checkbox"/> Stepmother	
<input type="checkbox"/> Stepfather	
<input type="checkbox"/> Grandparent(s)	

Please list other children from oldest to youngest.

**Name**

**Age**

**Name**

**Age**

1. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_

Language spoken at home \_\_\_\_\_ Second language \_\_\_\_\_

Parents' Place of Birth	Highest Level of Education	Occupation/Employer
Mother:		
Father:		

*"Bless the city...Pray to the Lord for it, because if it prospers, you too will prosper." - Jeremiah 29:7*

[www.icshazleton.org](http://www.icshazleton.org)

Why are you interested in Immanuel Christian School?

School grade last completed or currently enrolled in: \_\_\_\_\_

Give names and addresses of schools attended along with grade level at the time enrolled.

In what school district does the applicant reside? \_\_\_\_\_

Do you want bus transportation? **Yes**      **No**      *Busing is provided from Hazleton, Weatherly, Tamaqua, Mahanoy City, Berwick, and Crestwood school districts.*

Is your child in good standing and eligible to remain in or return to his/her present school?

**Yes**      **No**

Has your child ever been expelled or suspended? **Yes**      **No**

*We want to provide your child with adequate support. Please answer honestly. Has your child:*  
☐ Attended summer school programs   ☐ Had disciplinary difficulty   ☐ Repeated a grade  
☐ Had extended absences   ☐ Shown special abilities/interests   ☐ Had an emotional, mental, social, or physical handicap   ☐ **Qualified for IEP or Learning Support**

Please explain any physical or emotional problems that will affect your child's time in school. \_\_\_\_\_

Describe any prescription medication your child takes regularly.

\_\_\_\_\_

List family activities in church, community, and other organizations.

\_\_\_\_\_

What church does your family attend regularly? \_\_\_\_\_

Pastor's name: \_\_\_\_\_

List names and relationships of any relatives who attend or have attended ICS.

\_\_\_\_\_

How did you hear about Immanuel Christian School? \_\_\_\_\_

Are there any questions you have for us?

\_\_\_\_\_

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

*"Bless the city...Pray to the Lord for it, because if it prospers, you too will prosper." - Jeremiah 29:7*

[www.icshazleton.org](http://www.icshazleton.org)