Immanuel Summer Academy Registration Form

Please return all forms to the Immanuel School Office

Family Name: _____ Address: _____

Home Phone: _____ City, State, Zip: _____

Your Name: _____ Spouse's Name: _____

Your Work Phone: _____ Spouse's Work Phone: _____

Your Cell Phone: _____ Spouse's Cell Phone: _____

E-Mail Address(es): _____

Other name or phone #'s (Please specify): _____

Authorized Drop off & Pick up Emergency Contacts:

Name: _____ Address: _____

_____

Phone: _____ Relationship: _____

Name: _____ Address: _____

_____

Phone: _____ Relationship: _____

***IMPORTANT NOTE*: Course codes beginning with "W1" are only in session Monday-Thursday, June 7-10. Course codes beginning with "W2" are only in session Monday-Thursday, June 14-17. If you wish to enroll your student for both weeks of a class, please list both courses in your selection.**

Student's First Name	Student's Last Name	Grade in 2021-2022	Course Code Selection(s) Week 1 – June 7-10				Week 2 – June 14-17			
			1	2	3	4	1	2	3	4

Summer School Fees:

Middle School Volleyball Courses: $112 x ____ (#of courses) = _____

All other courses: $ 56 x ____ (#of courses) = _____

☐ Please bill Tuition Express (Discount) = _____

☐ Check attached (Check # _____)

Please make checks payable to Immanuel Lutheran School

TOTAL: $ _____

For office use only