



20849 Walden Avenue  
Hutchinson, MN 55350  
Phone 320-587-4858  
E-mail [ilschool@hutchtel.net](mailto:ilschool@hutchtel.net)

## Student Registration (2025-2026)

Student Name (first, middle, last):

Grade Level:

Address:

City:

State:

Zip Code:

County:

Date of Birth:

Place of Birth:

Male  Female Baptized:  Yes  No Date:

Church in which you actively participate and/or hold membership:

### Parent Information

Child lives with:  Both Parents  Mother  Father  Other:

Father Name:

Cell:

Work:

Mother Name:

Cell:

Work:

Address (if different from student):

Emails:

### Child's Transportation

After school form of transportation:

Bus  Latchkey  Pick-up  Other:

People allowed to pick child up:

For any changes/updates please email: [immanuel.lutheranschool@hotmail.com](mailto:immanuel.lutheranschool@hotmail.com)  
Emergencies or last-minute changes please call the school: 320-587-4858

## Accident Waiver

If my child has an accident during the school day, I give permission for a teacher or aide to clean them in the event that a parent and/or emergency contact cannot be reached.

\_\_\_\_\_ (Parent initials)

## Insurance Waiver

I/We have adequate insurance to protect our children in case of an accident.

\_\_\_\_\_ (Parent initials)

## Hot Lunch/Beverage Program Waiver

I do  I don't: Give permission for my child to participate in the hot lunch and beverage program offered at Immanuel Grace Lutheran School. We agree that IGLS and those preparing and serving the lunch and beverages are not to be held responsible for anything that may happen in connection with these programs.

\_\_\_\_\_ (Parent initials)

## Photo Release

I do  I don't: Give permission for my child to be photographed in our program, functions, and field trips. I understand that the photograph may be taken by school staff, professional photographers, news, media, or other parents.

\_\_\_\_\_ (Parent initials)

## Milk Request

Yes: My child is allowed to have milk.

No: My child is NOT allowed to have milk.

\_\_\_\_\_ (Parent initials)

## Field Trip Attendance

I do  I don't: Give permission for my child to participate in school field trips for this school year, and may ride with a volunteer driver if needed.

\_\_\_\_\_ (Parent initials)

## Parent Volunteer

On occasion Immanuel Grace Lutheran School will call upon parents and other members of the congregations to give of their time or talents through volunteer work. We ask you to assume this service for Christ as part of the mission and public ministry of this school and to perform it faithfully for the growth of God's kingdom among us. As a volunteer our school asks that you:

1. Be concerned about the faith and life of the young people assigned to them and nurture their growth in Christ.
2. Serve the school as an example of Christian conduct as required by the Lord (1 cor. 6:9-10. Col. 3:5, Eph. 5:1-7), work with the principal, teachers and the leadership of the school; and by the grace of God do everything possible to promote Christian training and a spirit of service with our youth and so advance the kingdom of Christ among us.

One of the main concerns of the Board for Christian Education and staff of the school is to maintain a safe environment for the children at all times. Therefore, we are asking volunteers to read the following statement and sign below verifying they are able to work with the children.

***By volunteering to work with the youth of the school, I certify that I have not been personally involved in any incidents of child molestation, child abuse, sexual misconduct, exploitation or harassment in the State of Minnesota or any other state in the past.***

\_\_\_\_\_ (Parent Signature) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Date)

\_\_\_\_\_ (Parent Signature) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Date)

# Emergency Pre-Consent Form

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

Date of Birth: \_\_\_\_\_

In case of a child's medical emergency, parent permission for treatment is required. If the school teacher or staff is unable to contact a parent in an emergency, this form authorizes emergency medical treatment for the child. Please fill out one form for each child in your family attending Immanuel Grace Lutheran School. Your child's teacher will have this form in the classroom, and will take it on every field trip. Athletic coaches will also take a copy along to all away games.

Child's Clinic: \_\_\_\_\_

Child's Physician: \_\_\_\_\_

Wears glasses:  Yes  No

Wears contact:  Yes  No

Hearing problems:  Yes  No

Last Tetanus shot: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Any medical conditions that would affect participation in physical education or sports: \_\_\_\_\_

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

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

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

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

Emergency Contact:

In the event of an emergency and you cannot be reached, please list the name and phone number of people we may contact.

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

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

Relationship to student: \_\_\_\_\_

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

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

Relationship to student: \_\_\_\_\_

I hereby consent to and authorize emergency medical treatment that is judged necessary for my child, in the event that I cannot be reached. (Both parent signatures are required)

\_\_\_\_\_  
(Parent Signature) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Date)

\_\_\_\_\_  
(Parent Signature) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Date)

## Bible / Luther's Catechism

Grades 1<sup>st</sup>–8<sup>th</sup> and *new students* are supplied a Bible that is donated by Grace Lutheran Church.

Grades 5<sup>th</sup>–8<sup>th</sup> is required to have a personal Luther's Catechism. Students have class twice a week with a pastor. These can be purchased from the school, at approximately \$28. The school orders these during the summer and will have them here by the first day of school.

**My student needs:**  Bible (n/c for new students)       Catechism (\$28)

### TITLE 1

In order for us to receive Title 1 assistance from our state and local public school we need to know who would qualify. Title 1 is a program through the state in which we receive aid to hire a teacher from the public school who gives extra help to our students who struggle with math and/or reading. So, we kindly ask you to view the below chart. *If you're annual income is at or below the corresponding number, you qualify. If it is more than you do not qualify.*

Eligibility Chart

Household size	\$ Per Year	\$ Per Month	\$ Twice Per Month	\$ Per 2 Weeks	\$ Per Week	Our income is more
1	26,973	2,248	1,124	1,038	519	Yes
2	36,482	3,041	1,521	1,404	702	Yes
3	45,991	3,833	1,917	1,769	885	Yes
4	55,500	4,625	2,313	2,135	1,068	Yes
5	65,009	5,418	2,709	2,501	1,251	Yes
6	74,518	6,210	3,105	2,867	1,434	Yes
7	84,027	7,003	3,502	3,232	1,616	Yes
8	93,536	7,795	3,898	3,598	1,799	Yes
Add for each additional person	9,509	793	397	366	183	

Does your family meet the requirements for free and reduced lunch? Check one

- Yes: My family meets the requirements for free and reduced lunch
- No: My family does not meet the requirements for free and reduced lunch

**I have made any corrections or updates on my child's registration and filled out all necessary paperwork.**

\_\_\_\_\_ (Parent Signature)      /      /      \_\_\_\_\_ (Date)