



Immanuel Lutheran School

2865 26th Avenue, Columbus, NE 68601 402-564-8423



ENROLLMENT 2021/22

Parent Name(s): _____

 Address: _____
 Contact Phone(s): _____
 Contact Email(s): _____
 Church Membership(Name): _____

1st Child: _____ M/F: _____ Birthdate: _____ Grade Entering: _____
 2nd Child: _____ M/F: _____ Birthdate: _____ Grade Entering: _____
 3rd Child: _____ M/F: _____ Birthdate: _____ Grade Entering: _____
 4th Child: _____ M/F: _____ Birthdate: _____ Grade Entering: _____

I have attached a non-refundable enrollment fee of \$50. (This fee will hold your child(ren) a place in their classroom and cover the cost of FACTS tuition management.)

IMPORTANT: New and returning families need to visit <https://online.factsmgt.com/signin/43N6N> to choose your payment plan options for the 20/22 school year BEFORE you return your enrollment form. (You will be able to edit it at a later date.)

Please check here if you have completed your payment plan selections on the FACTS management system for the 2021/22 school year.

Parent Signature: _____

Immanuel has some scholarship and tuition assistance funds available based on financial need.

Please check here if you would like more information concerning these funds when it becomes available.

MISSION STATEMENT

The Ministry of Immanuel Lutheran School is to share Christ by education, nurturing, and equipping God's people for a life of Christian service.