

# Registration Form

## Immanuel Lutheran College

**501 Grover Road, Eau Claire, Wisconsin 54701-7134**

First Name and Initial		Last Name	
Present Home Address - Number and Street, Apartment Number, Rural Route			
City, Town, or Post Office, State, and ZIP Code		Home Phone	
Date of Birth: Month, Day, Year	M or F	Email address	Social Security Number

Place of Birth: City \_\_\_\_\_ State \_\_\_\_\_

Church Affiliation: Congregation \_\_\_\_\_

Location \_\_\_\_\_

Pastor \_\_\_\_\_

Affiliation of Parent or Guardian \_\_\_\_\_  
(if different from above)

Baptized - Yes \_\_\_\_\_ No \_\_\_\_\_      Confirmed - Yes \_\_\_\_\_ No \_\_\_\_\_

Indicate Department: High School \_\_\_\_\_ College \_\_\_\_\_ Seminary \_\_\_\_\_

High School Grade: 9<sup>th</sup> \_\_\_\_\_ 10<sup>th</sup> \_\_\_\_\_ 11<sup>th</sup> \_\_\_\_\_ 12<sup>th</sup> \_\_\_\_\_

College Course: General (A.A.) \_\_\_\_\_ Education (B.S.) \_\_\_\_\_ Pre-Theological (B.A.) \_\_\_\_\_

Previous Schools: Elementary \_\_\_\_\_ Year \_\_\_\_\_

\_\_\_\_\_ Year \_\_\_\_\_

High School \_\_\_\_\_ Year \_\_\_\_\_

\_\_\_\_\_ Year \_\_\_\_\_

College \_\_\_\_\_ Year \_\_\_\_\_

\_\_\_\_\_ Year \_\_\_\_\_

Indicate Needs (X): Dormitory Room & Board \_\_\_\_\_

Piano Lessons \_\_\_\_\_ Organ Lessons \_\_\_\_\_

Will the student have a car on campus: Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes," please complete the following:

Make \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ State \_\_\_\_\_ License # \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

Guardian's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

Parent/Guardian e-mail address: \_\_\_\_\_

Responsibility for payment of accounts: Parents \_\_\_\_\_ Self \_\_\_\_\_ Other \_\_\_\_\_

If "Other," please indicate name, address, and phone number: \_\_\_\_\_

Signature agreement of responsible party: By signing this registration form I agree to the following:

- In a timely manner I will pay all costs associated with attendance at ILC.
- I authorize the potential release of registration and student account information to my CLC pastor.

Signed (college/seminary registration): \_\_\_\_\_ Date: \_\_\_\_\_  
(Student)

Signed (high school registration): \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Guardian)

### Registration Checklist

Check when completed

I have accompanied this form with the payment of the non-refundable registration fee. (\$25.00) \_\_\_\_\_

I have contacted the school last attended by the applicant and requested that they forward a transcript to the Registrar of Immanuel Lutheran College (address on opposite side of this sheet). This transcript is required for the completion of the registration process. \_\_\_\_\_

I have requested that my pastor send a "Pastoral Recommendation Form" directly to ILC. (This applies only to those who are members of the Church of the Lutheran Confession.) \_\_\_\_\_