

**ENROLLMENT APPLICATION
CONCORDIA LUTHERAN SCHOOL
2011-2012 SCHOOL YEAR**

Students Name: (Last, First, Middle):		Grade Entering:
Address:	City/State:	Zip:
Home Phone:	Date of Birth:	Age:
Gender: M F	Ethnicity :	Church Affiliation:
Baptism Date:	Place:	
Does Your Child Have Special Needs?		Does Your Child Have an ISP/IEP?
Student Resides With: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Other:		

Custodial Family Information

Name	Name
Relationship	Relationship
Address	Address
City/State/Zip	City/State/Zip
Email Address	Email Address
Employer	Employer
Occupation	Occupation
Work # Cell#	Work # Cell#
License # State Issued	License # State Issued

Secondary Family Information

Name	Name
Relationship	Relationship
Address	Address
City/State/Zip	City/State/Zip
Email Address	Email Address
Employer	Employer
Occupation	Occupation
Work # Cell#	Work # Cell#
License # State Issued	License # State Issued

Authorization/Release of Information

School Last Attended _____ Address _____
 I hereby authorize (previous school) _____ to release records, special education records, health records/information and test scores pertaining to (student) _____ Grade _____ to Concordia Lutheran School, 7424 N. 2nd St., Machesney Park, IL 61115.

Parent/Guardian Signature _____ Date _____

STUDENT'S NAME _____

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Emergency Information

Doctors Name	Phone
Dentist's Name	Phone
Medications	
Physical Disabilities	
Hospital of Choice	
Does your student have any allergies?	Yes No
Explain	

In the event of an emergency and a parent cannot be reached, I, _____ give permission for Concordia to transport my child to the nearest emergency facility for care.

Signature

Date

Emergency Contact Information

*Please list the person (s) to notify in the event of an emergency **if the parents cannot be reached**
(May also pick student up from school)*

Name	Relationship	PH.	Cell	Wk

List Other Children In Household

Name	Age	School

Publications

I/we hereby agree to allow my child's photo & work (drawings, essays, writings, etc.) relative to Concordia to be published in Concordia publications which could include brochures, internet website, newsletters, etc.

Signature

Date

Signature

Date

Student Name _____

Registration/Material Fees: The annual registration fee is \$150 for new students, \$100 for returning students and is **non-refundable**. Students entering from Concordia Early Childhood Center will receive the "returning student" discounted registration fee. The material fees are \$250 and are also, non-refundable. **Registration and material fees must be paid prior to the first day of school.** Additional fees may include: Sports fees of \$40 **per sport** and PE uniforms fees of \$15.

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Please select your preferred payment schedule:

_____ Monthly (10 months) _____ Quarterly _____ Weekly _____ Annually

For your record keeping and to avoid any potential confusion, we ask that all payments be made by check, money-order, debit, or credit card. We accept Visa and Master Card.

**Any account not paid by the 15th of the month is subject to a \$10 late fee.*

Discounts:

- Members of Concordia in good standing will receive a discount on the tuition only. No discounts apply to registration or material fees. *(Refer to handbook for guidelines of members in good standing.)*
- Multiple child discounts are awarded to families that have more than one child enrolled in Concordia regardless of member status.
- Financial Aid discounts are available to families on an emergency basis and are based upon need/income and availability of funds. All financial aid recipients are required to complete volunteer hours that will be based upon the amount of assistance received.

Financial Policies:

- Tuition is due on the 15th of each month no matter how many days your child may have missed during the month. *(there are no pro-rated discounts given for days absent, vacations, snow days, etc)*
- Transcripts/report cards will be withheld if tuition is not current.
- Students will be denied admittance to school if accounts are in arrears of 60 days and unpaid accounts will be turned over to collection.
- A student that has a balance from a prior school year will not be eligible to re-enroll until the past-due account has been satisfied.

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Student Name _____

Billing/Guarantor Information

<i>Primary Guarantor</i>		<i>Secondary Guarantor</i>	
Name		Name	
Relationship		Relationship	
SSN	DOB	SSN	DOB
Address		Address	
City/Zip		City/Zip	
Email		Email	
Employer		Employer	
Occupation		Occupation	
Work #	Cell #	Work #	Cell #
License #	State Issued	License #	State Issued

I/We agree to abide by the tuition schedule/policy selected. I/We agree to pay all legal costs, and collection fees incurred by Concordia Lutheran School while attempting to collect delinquent accounts. I/We acknowledge that if tuition payments become delinquent (30+ days) during the school year without an explanation, steps will be taken such as ending enrollment.

Signature _____ Date _____ Signature _____ Date _____

DO NOT WRITE BELOW THIS LINE

Official Use Only

Fees Paid:

Item Fee:	Date:	Pymt Amt.	Pymt Method:	Paid By:	Sport Name/Purpose:
Registration					
Materials					
Tuition					
PE Uniform					
Sports					
Sports					
Sports					
Other					
Other					
Other					