

**ENROLLMENT APPLICATION
CONCORDIA LUTHERAN SCHOOL
2012-2013 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 _____

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.

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
Rev. Jan 2012

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					