



Please state how you learned of St. Luke Lutheran School: \_\_\_\_\_

Name and address of school now enrolled: \_\_\_\_\_

Grade presently enrolled: \_\_\_\_\_

Will bus transportation be required? Yes \_\_\_ No \_\_\_ Your school district of residence \_\_\_\_\_

**Finances:** St. Luke Lutheran School is maintained largely through the offerings to God by the members of St. Luke Lutheran Congregation. St. Luke has always supported the mission of the school, both spiritually and financially. However, to defray part of the cost, a tuition fee is charged. **New students who wish to enroll must pay an Enrollment Fee of \$150 per family to St. Luke School with their initial application.** This fee is considered non-refundable unless approved by the Board or St. Luke Lutheran School is unable to accept your child.

I will pay tuition: \_\_\_ In full on Registration Day \_\_\_ 10-month plan (Payments begin on August 20, 2023)

\_\_\_ 12-month plan (Payments begin on June 20, 2023)

Yearly tuition

First child:	\$5260.00
Second child:	\$3340.00
Third child:	\$2050.00

Monthly tuition payments are due on the 20th of each month— August-May for the 10-month plan, and June-May for the 12-month plan. All monthly payments will be made to FACTS tuition management service. Parents have the option of using an invoice payment method via email or having the payments deducted automatically from their bank account. If tuition for the year is paid in full in August at Orientation, a \$40 discount will be deducted. **All families planning to make monthly payments will be required to enroll online with FACTS Management at <https://online.factsmgmt.com>. Families who have a current account with FACTS should not sign up again; their account will be rolled over to next school year.**

Final Action: All applications for enrollment are subject to the approval of St. Luke School Board. Written notification of the Board's action shall be sent in a timely fashion.

*St. Luke Lutheran School admits students of any race, color, national and ethnic origin to all the right, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs and athletic and other school-administered programs.*

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OFFICE USE:

Date sent \_\_\_\_\_

Date received \_\_\_\_\_

Enrollment fee received \_\_\_\_\_

Approved by Board \_\_\_\_\_

Acceptance letter mailed \_\_\_\_\_

OTHER INFORMATION:

Records release sent to parents \_\_\_\_\_

Records release sent to school \_\_\_\_\_

Records received: Academic \_\_\_\_\_

Health \_\_\_\_\_

Transportation arranged \_\_\_\_\_

**School Information Form**

Child's Name \_\_\_\_\_

Family Status: (married, single, divorced, stepparents, separated, foster, etc.) \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_

Does your child have any food allergies which may affect what he should or should not eat at school?

\_\_\_\_\_

Is your child allergic to any medications? If so, please list them \_\_\_\_\_

What communicable diseases has your child had? \_\_\_\_\_

\_\_\_\_\_

Any serious illnesses? \_\_\_\_\_

Any major surgery? \_\_\_\_\_

Any eye or ear problems? \_\_\_\_\_

Is your child presently under a doctor's care or on any prescribed medication? If so, please list.

\_\_\_\_\_

Does he sleep well? \_\_\_\_\_

Any nervous habit? \_\_\_\_\_

Has your child any fears? \_\_\_\_\_ Of what? \_\_\_\_\_

Are there any reasons of health why your child cannot take part in a normal school program?

\_\_\_\_\_

\_\_\_\_\_

General physical and emotional health comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Write below any further information about your child or your family which you believe will be helpful to us in understanding your child's behavior.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Ministry Interest Information**

Date \_\_\_\_\_

As a Christian community, we are concerned about your needs. As we develop our programs and ministries, we are attempting to meet the needs of as many people as possible. If you could take just a moment and share some of your ideas, needs, and areas of interest with us, it would be greatly appreciated. Please complete this entire form and return it with your application.

Adult groups that I would like to see offered:

- Parenting class                       Mothers' Group                       Review of Lutheran beliefs
- Raising toddlers                       Crisis intervention                       Marriage and family enrichment
- Dealing with adolescents                       Father's Group                       Bible study/discussion
- Discipline                       Support groups                       Health/fitness group
- Other \_\_\_\_\_

**Home Church Information**

Parents' Name \_\_\_\_\_ Student's Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Father: Name of present church and address \_\_\_\_\_

\_\_\_\_\_

Active: Yes  No  Minister's Name \_\_\_\_\_

Mother: Name of present church and address \_\_\_\_\_

\_\_\_\_\_

Active: Yes  No  Minister's Name \_\_\_\_\_

Does your child attend Sunday School? Yes  No

Has your child attended Sunday School regularly in the past six months? Yes  No

Do you, as a family, worship regularly? Yes  No

Would you like more information about our church? Yes  No

Would you like a contact from the principal? Yes  No  From the pastor? Yes  No

Additional comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_