



APPLICATION FOR ADMISSION 2017/18

Office Use Only	Fast Direct <input type="checkbox"/>	ACS <input type="checkbox"/>	Proof of age: BC <input type="checkbox"/>	Shirt Size _____	Registration form Received _____
	Non-Refundable New Registration Fee				
	Cash <input type="checkbox"/>	Check <input type="checkbox"/> # _____	Amount \$ _____	Date Paid _____	

A. STUDENT INFORMATION

Child's Name _____
Last First Middle

Birth date _____ Social Security Number _____ Sex: F M Grade entering: _____
MM/DD/YYYY

Child's Address _____
City State Zip Code

B. ETHNICITY

Per the Illinois State Board of Education, if you have any Hispanic/Latino ethnicity you must mark the Hispanic/Latino box.

- American Indian or Alaska Native who are not Hispanic/Latino Native Hawaiian or Other Pacific Islander who are not Hispanic/Latino
- Asian who are not Hispanic/Latino Two or more races and are not Hispanic/Latino
- Black or African American who are not Hispanic/Latino White who are not Hispanic/Latino
- Hispanic/Latino

C. TUITION & PAYMENT PLAN

Payments are due the 15th of the month*. Payments received after the 15th will be subject to a \$15 late charge per month. As per policy, your child may be excluded from school if tuition payments are in arrears. There will be a \$25 returned check charge for each check/EFT returned for any reason.

IF NO PAYMENT PLAN IS SELECTED, THE 12 MONTH PAYMENT PLAN WILL BE USED

<p>Pre-S 3 (MWTh) Half Day (a.m.)</p> <p><input type="checkbox"/> Once yearly \$2720</p> <p><input type="checkbox"/> Two Semester \$1360 sem.</p> <p><input type="checkbox"/> Nine Month* \$ 303 mo.</p> <p><input type="checkbox"/> Twelve Month* \$ 227 mo.</p> <p><small>(June 2017-May 2018)</small></p> <p><input type="checkbox"/> Electronic Fund Transfer*</p>	<p>Pre-S 3 & Pre-K 4 (M-F) Half Day (a.m.)</p> <p><input type="checkbox"/> Once yearly \$3930</p> <p><input type="checkbox"/> Two Semester \$1965 sem.</p> <p><input type="checkbox"/> Nine Month* \$ 437 mo.</p> <p><input type="checkbox"/> Twelve Month* \$ 328 mo.</p> <p><small>(June 2017-May 2018)</small></p> <p><input type="checkbox"/> Electronic Fund Transfer*</p>	<p>Pre-S 3 & Pre-K 4 (MWTh) Full Day</p> <p><input type="checkbox"/> Once yearly \$3930</p> <p><input type="checkbox"/> Two Semester \$1965 sem.</p> <p><input type="checkbox"/> Nine Month* \$ 437 mo.</p> <p><input type="checkbox"/> Twelve Month* \$ 328 mo.</p> <p><small>(June 2017-May 2018)</small></p> <p><input type="checkbox"/> Electronic Fund Transfer*</p>	<p>Pre-S 3 & Pre-K 4 (M-F) Full Day</p> <p><input type="checkbox"/> Once yearly \$6050</p> <p><input type="checkbox"/> Two Semester \$3025 sem.</p> <p><input type="checkbox"/> Nine Month* \$ 673 mo.</p> <p><input type="checkbox"/> Twelve Month* \$ 505 mo.</p> <p><small>(June 2017-May 2018)</small></p> <p><input type="checkbox"/> Electronic Fund Transfer*</p>
<p>K - 8th Grade</p> <p><input type="checkbox"/> Once yearly \$5450</p> <p><input type="checkbox"/> Two Semester \$2725 sem.</p> <p><input type="checkbox"/> Nine Month* \$ 606 mo.</p> <p><input type="checkbox"/> Twelve Month* \$ 455 mo.</p> <p><small>(June 2017-May 2018)</small></p> <p><input type="checkbox"/> Electronic Fund Transfer*</p>	<p>EDUCATION FEES <small>(fees are not included in tuition)</small></p> <p>Pre-School, Pre-Kindergarten and Kindergarten: \$500</p> <p>1st - 5th Grades: \$420 <small>(3rd Grade additional \$ 40)</small></p> <p>6th -8th: \$550 <small>(8th Grade additional \$ 40)</small></p>	<p>DISCOUNTS and DUE DATES</p> <p>Once Yearly \$75 Discount If paid by Aug.15, 2015</p> <p>2 Semester \$30 Discount Per Semester If paid by Aug.15 & Jan.15</p> <p>Nine month \$ 5 Discount Per Month* If paid by 15th ea. mo, start Aug 15</p> <p>Twelve month If paid by 15th ea. mo, start June 15</p> <p><i>Multiple child and/or active church discounts available.</i></p>	

***USE OF myTADS.COM REQUIRED FOR ALL PAYMENT PLANS**

D. FEES

One time Enrollment Fees Non-Refundable: Pre-School through 3rd Grade \$120 4th-8th Grade \$150

RETURNING STUDENTS: Pre-School through 8th Grade \$150; Non-Refundable

Please choose preferred billing type: Email School Mail USPS

E. ALTERNATE BILLING ADDRESS

If billing address differs from child's address, please provide us with name, address and telephone number:

Name Address Phone Number

City, State Zip Email address

Baptized Yes Dedicated No No
check one Where: _____ Date _____

Other Siblings: Name: _____ Age: _____

Name: _____ Age: _____

May your child participate in school supervised class trips? Yes No

Student resides with:
 Mother Father Guardian

F. FAMILY/EMERGENCY INFORMATION

(Female) Parent/Guardian Name: _____ Relationship to Student: _____
 Address _____ SSN: _____
 Cell Phone: _____ Home Phone: _____ Employer: _____
 E-Mail: _____ Work/Daytime Number: _____

Member of: St. John's None Other _____

(Male) Parent/Guardian Name: _____ Relationship to Student: _____
 Address _____ SSN: _____
 Cell Phone: _____ Home Phone: _____ Employer: _____
 E-Mail: _____ Work/Daytime Number: _____

Member of: St. John's None Other _____

In the event of an absence/illness/emergency and parents/guardian cannot be contacted, the school should notify:

Name	Relationship	Phone Number
------	--------------	--------------

If your child becomes suddenly ill, does the school have permission to send him/her to the hospital if necessary? Yes No

Does your child have any allergies/medical concerns of which we should be aware? _____

Please add any additional comments about your child, including special home situations of which the office/teacher should be aware: _____

If your place of employment, residence or telephone numbers change anytime during the school year, please notify the school immediately.
IN CASE OF AN EMERGENCY, 911 WILL BE CALLED AND TAKE CUSTODY OF CHILD

G. AGAPE DONATION (A scholarship fund to help families in need pay for their tuition.)

Please bill me, I would like to help as follows: \$5 Monthly \$10 Monthly Other Monthly _____ One Time Donation _____

H. ACCEPTANCE OF ENROLLMENT

A child is not considered for acceptance into St. John's Lutheran School until all required forms are completed and fees are paid. A child who turns 3 or 4 after September 1st, and is enrolled in that age Pre-School or Pre-Kindergarten program, will need to repeat that class the following year. All students are subject to Board of Christian Education approval.

I. ACCEPTANCE OF POLICIES

I/we wish to have my child enrolled in St. John's Lutheran School and I will support the school's mission statement to its full extent.

St. John's Lutheran School exists to help families pass their faith in the Lord Jesus to their children through a Christ centered educational program and to help the children fully develop their God given gifts.

I/we have filled out and read the information on the front and back of this enrollment form and agree to all statements. I/we will notify the school of any changes that might occur. I/we understand that by signing this form I/we assume the full financial responsibility for all fees and tuition. I/we also understand that the school will not split the billing between parents.

Signature of Parent or Guardian _____ Date: _____

Signature of Parent or Guardian _____ Date: _____

NON DISCRIMINATORY POLICY

St. John's Lutheran School admits students of any color, race, national or ethnic origin to all rights, privileges, programs and activities generally accorded or made available to pupils at the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational or admissions policies, employment, scholarships or loan programs, athletic or other school administered programs.