

NAME OF STUDENT: _____
(Last) (First) (Middle)

ADDRESS OF STUDENT: _____ ZIP CODE: _____

PHONE: _____ APPLICATION FOR GRADE: _____

DATE OF BIRTH: _____ PLACE OF BIRTH _____ AGE: _____ SEX: _____

CHURCH: _____ ADDRESS OF CHURCH: _____

<u>FATHER</u>		<u>MOTHER</u>	
NAME: _____	NAME: _____	NEE _____	
ADDRESS: _____	ADDRESS: _____		
HOME PHONE: _____	HOME PHONE: _____		
PAGER/CELL PHONE: _____	PAGER/CELL PHONE: _____		
E-MAIL ADDRESS: _____	E-MAIL ADDRESS: _____		
CHURCH: _____	CHURCH: _____		
NAME OF PASTOR: _____	NAME OF PASTOR: _____		
ADDRESS OF CHURCH: _____	ADDRESS OF CHURCH: _____		
DENOMINATION: _____	DENOMINATION: _____		
MEMBER: Yes _____ No _____	MEMBER: Yes _____ No _____		
ATTEND REGULARLY: Yes _____ No _____	ATTEND REGULARLY: Yes _____ No _____		
OCCUPATION: _____	OCCUPATION: _____		
PLACE OF WORK: _____	PLACE OF WORK: _____		
ADDRESS OF WORK: _____	ADDRESS OF WORK: _____		
WORK PHONE: _____	WORK PHONE: _____		

Child lives with: _____ both parents; _____ father; _____ mother; _____ other

Brothers and sisters:

NAME	BIRTHDATE	NAME OF SCHOOL
_____	_____	_____
_____	_____	_____

NAME and ADDRESS of last school attended: _____

Has student experienced any difficulty in school in the past? _____ If answer is yes, please attach written explanation.
Does the student have a health condition that affects his/her attendance or academic performance or requires special attention?
_____ If answer is yes, please attach written explanation.

I am interested in BASS: _____ Before school care; _____ After school care Forms available upon request.

(OFFICE USE ONLY)

DATE RECEIVED: _____	GRADE _____	RECORD RELEASE SIGNED: _____
APPLICATION FEE: _____		RECORDS REQUESTED: _____
REG/BOOK FEE: _____		RECORDS RECEIVED: _____
BIRTH CERTIFICATE/ADOPTION VERIFICATION ACKNOWLEDGED: _____		MED/DENTAL FORMS GIVEN: _____
ACCEPTED: _____		MED/DENTAL FORMS RECEIVED: _____
LABELS/DIRECTORY _____		VISITOR _____
BOOKKEEPER: _____		NOTES: _____
PR FILE: _____		

APPLICATION FEE: The application fee for all NEW students is \$75.00 (non-refundable).

REGISTRATION/BOOK FEE: The registration/book fee for all students is \$200.00* (non-refundable).

*Fee has been offset due to participation in Maryland State Department of Education Textbook Program.

TUITION: I understand the tuition charge for Emmanuel Lutheran School is:

Kindergarten and Grades I-V	\$4,950.00
Grades VI-VIII	\$5,650.00

TUITION DISCOUNTS: Multiple Child Discounts (K-VIII)

- 10% off for the second child
- 50% off for any additional child (3rd, 4th child, etc.)

Early Registration Discount

\$150.00 off the applicable tuition if the application/reapplication is received by **March 1** and accompanied by appropriate non-refundable registration/book fee.

PAYMENT OF FEES: Make all checks payable to "EMMANUEL LUTHERAN SCHOOL". The payment of this tuition will be made either in a single payment due the first day of school or in two equal payments due each semester. If monthly payment is requested, families **MUST** enroll in the SMART Tuition Management Plan. Enrollment forms will be provided. SMART forms are due by June 1st.

My intention is to pay the tuition by the:

_____ Year (due September 1st); _____ Semester (due September 1st and January 15th); _____ SMART program (July-April)

UPON WITHDRAWAL FOR ANY REASON, TUITION WILL BE ASSESSED AS FOLLOWS: Withdrawal during: 1st quarter - 30%; 2nd quarter - 50%; 3rd quarter - 80%; 4th quarter - 100%. Academic quarters are noted on the school calendar. Even if you have not completed your applicable tuition payment and decide to withdraw, you will still be charged according to the date of your withdrawal from Emmanuel.

Report cards are distributed on a quarterly basis as noted on the school calendar. The release of report cards requires financial account to be current.

A student's enrollment will be subject to termination if the account is in arrears in excess of **forty (40)** days. If any charges from the previous school year are outstanding at the beginning of the school year, a student will not be permitted to start school until payment is made or satisfactory arrangements for payment are made. Prior to the mailing or delivery by school personnel of the transcript to the new school, the school accountant must certify that all financial obligations have been met.

The release of copies of the student transcript or any other student information (student evaluations, referrals and recommendations) requires a parent/guardian release and a notification period of **ten (10)** business days. All financial obligations must be current.

FOR ALL NEW STUDENTS: A copy of the child's birth certificate or adoption papers, and appropriate application fee must be attached. If this application is for Grade I through VIII, a copy of the most recent report card and standardized testing must accompany the application.

Who recommended Emmanuel Lutheran School to you? _____

What are your primary reasons for selecting Emmanuel Lutheran School for your child? (**NEW** application **MUST** complete this section.)

The signers hereby agree to the foregoing terms of enrollment. **Both parents MUST sign.**

_____ DATE _____

_____ DATE _____

Signatures of parent(s)/guardian