

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: \_\_\_\_\_

FATHER

MOTHER

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

MED/DENTAL FORMS GIVEN: \_\_\_\_\_

ACKNOWLEDGED: \_\_\_\_\_

MED/DENTAL FORMS RECEIVED: \_\_\_\_\_

ACCEPTED: \_\_\_\_\_

VISITOR \_\_\_\_\_

LABELS/DIRECTORY \_\_\_\_\_

NOTES: \_\_\_\_\_

BOOKKEEPER: \_\_\_\_\_

PR FILE: \_\_\_\_\_

**APPLICATION FEE:** The application fee for all **NEW** students is **\$100.00** (non-refundable).

**REGISTRATION/BOOK FEE:** The registration/book fee for all students is **\$225.00\* if paid by June 1. Fee is \$250.00 if paid after this date.** \*Fee has been offset due to participation in Maryland Sate Department of Education Textbook Program. (non-refundable)

<b>TUITION:</b> Tuition charge for Emmanuel Lutheran School is:	<b>Tuition</b>	<b>All Student Discount</b>	<b>Your Cost</b>
<b>Kindergarten and Grades I-V</b>	<b>\$7550.00</b>	<b>(\$2100.00)</b>	<b>\$5450.00</b>
<b>Grades VI-VIII</b>	<b>\$8250.00</b>	<b>(\$2100.00)</b>	<b>\$6150.00</b>

→ I elect to take advantage of the All Student Discount :  Yes  No

**TUITION DISCOUNTS:** Multiple Child Discounts (K-VIII)  
\$500.00 off for the second child  
\$2,500.00 off for any additional child (3<sup>rd</sup>, 4<sup>th</sup> 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.

→ I elect to take advantage of the Multiple Child Discount (if applicable):  Yes  No  
→ I elect to take advantage of the Early Registration Discount (if applicable):  Yes  No

**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 1<sup>st</sup>.

My intention is to pay the tuition by the:

→ \_\_\_\_\_ Year (due September 1<sup>st</sup>); \_\_\_\_\_ Semester (due September 1<sup>st</sup> and January 15<sup>th</sup>); \_\_\_\_\_ SMART program (July-April)

**UPON WITHDRAWAL FOR ANY REASON, TUITION WILL BE ASSESSED AS FOLLOWS:** Withdrawal during: 1<sup>st</sup> quarter - 30%; 2<sup>nd</sup> quarter - 50%; 3<sup>rd</sup> quarter - 80%; 4<sup>th</sup> 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.

→ (New) Who recommended Emmanuel Lutheran School to you? \_\_\_\_\_

→ (New) 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