

Lutheran High School of St. Charles County

5100 Mexico Rd., St. Peters, MO 63376-1638 (636)928-5100 FAX (636) 928-8451

10/11

Aug. '10
Grade

Application for Admission

Student Information

Full Name _____ Preferred Name _____

Street _____
Last First Middle City State Zip

Date of Birth _____ Place of Birth _____ Male Female

Student Soc. Sec. No. _____ Student Cell Phone(_____) _____

Student E-mail address _____

Ethnic Origin: ___ African American ___ American Indian

___ Asian ___ Caucasian ___ Hispanic ___ Other

For School Directory Do NOT List Phone
 Do NOT list address Do NOT list e-mail

Parent/Guardian Information

Father's Full Name _____ Church Mbrshp. _____

Mother's Full Name _____ Church Mbrshp. _____

Parents live together YES NO If NO, with whom does student live?

Name _____ Relationship _____

Should report cards, parent letters, etc., be sent to any other individuals? (Noncustodial parent, etc.?)

YES NO If YES, Please provide complete mailing address for these mailings.

Father's Occupation _____ Firm _____

City _____ Bus. Phone (_____) _____ Home Phone(_____) _____

Cell Phone (_____) _____ Pager (_____) _____

E-mail address (Please print clearly) _____

Mother's Occupation _____ Firm _____

City _____ Bus. Phone (_____) _____ Home Phone(_____) _____

Cell Phone (_____) _____ Pager (_____) _____

E-mail address (Please print clearly) _____

Statements of Agreement and Support

As a parent, I agree to support and cooperate with the Lutheran High School Association of St. Charles County and abide by its policies, rules and regulations, striving to be a supportive part of the Christian community of students, teachers, and family as we work together in God's name.

Father's Signature _____ **Mother's Signature** _____

As a student, I agree to support and cooperate with the Lutheran High School Association of St. Charles County and abide by its policies, rules and regulations, striving to be a supportive part of the Christian community of students, teachers, and family as we work together in God's name.

Student's Signature _____ **Date** _____

The Registration fee of \$250 should be submitted with this application.

Office Use ONLY
\$ _____ Cash Ck.# _____ Date _____ Ass'n Mbr. _____ Non-Assoc.

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Billing and Tuition Information

If billing to more than one person, please attach an additional application.

Bill to Name: _____

Street _____ City _____ State _____ Zip _____

Home Phone (____) _____ Work Phone (____) _____

Additional Students: Please list additional students enrolled at LHS from same family.

Association Membership: Association Pastor's signature verifies membership for reduced tuition rate.

Church _____ Sr. Pastor's Signature _____

I would like a FACTS Grant & Aid Assessment Application to apply for **Tuition Assistance**. Applications are due by April 30

Tuition Rates

<u>Association Member Student</u>	\$6578.00	Additional Student Same Family	\$5060.00
<u>Assoc. Messiah Member Student</u>	\$7106.00	Additional Student Same Family	\$5588.00
<u>Non-Member Student</u>	\$8305.00	Additional Student Same Family	\$6391.00

Tuition Payment Options *Please check the plan of your choice.*

One of the available plans is to be selected at the time of registration. To enter a time payment plan after the first payment date has passed, prior month's payments must be made with the first payment.

A. One Payment Plan

The full amount of tuition for two semesters is paid by June 30 prior to the start of the school year. A 2% discount is given for prepayment.

<u>Association Member Student</u>	\$6446.44	Additional Student Same Family	\$4958.80
<u>Assoc. Messiah Member Student</u>	\$6974.44	Additional Student Same Family	\$5486.80
<u>Non-Member Student</u>	\$8138.90	Additional Student Same Family	\$6263.18

B. Semester Payment Plan

Payments are due JUNE 30th and November 30th. Amounts listed are SEMESTER PAYMENTS.

<u>Association Member Student</u>	\$3289.00	Additional Student Same Family	\$2530.00
<u>Assoc. Messiah Member Student</u>	\$3553.00	Additional Student Same Family	\$2794.00
<u>Non-Member Student</u>	\$4152.50	Additional Student Same Family	\$3195.50

C. Eleven Payment Plan

Payments are made through automatic withdrawal on the 5th or 20th of each month July through May. **An Automatic Withdrawal Authorization must be completed.**

<u>Association Member Student</u>	\$598.00	Additional Student Same Family	\$460.00
<u>Assoc. Messiah Member Student</u>	\$646.00	Additional Student Same Family	\$508.00
<u>Non-Member Student</u>	\$755.00	Additional Student Same Family	\$581.00

Refund Policy

In order to offset initial costs incurred by the school in setting up a program of instruction and providing instructional materials for a student, the registration fee will not be refunded if a student does not attend or transfers out. In addition, a per day tuition cost will be charged by the school for each completed day of the school year in which the student has been enrolled.

Exception to Federal Education Rights and Privacy Act

Policies at Lutheran High School state that student records are not released if tuition and fees are not paid in full. Enrollment indicates acceptance of this policy.

Statement of Responsibility

I hereby agree to pay tuition and fees according to the plan indicated above in agreement with school policy.

Signature _____ **Date** _____