



**Grace Lutheran School  
2019-2020  
ENROLLMENT/RE-ENROLLMENT APPLICATION FORM  
Pre-Kindergarten through 8<sup>th</sup> Grade**

**Please complete the front and back of this application, and return it with your registration fee to Grace Lutheran School.**

Child's Name \_\_\_\_\_ **Male/Female**  
(Last) (First) (Middle I.) (Circle)

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Student Birthdate \_\_\_\_\_ Baptism Month \_\_\_\_\_

Father's Name \_\_\_\_\_ Work Phone \_\_\_\_\_  
(Last) (First)

Mother's Name \_\_\_\_\_ Work Phone \_\_\_\_\_  
(Last) (First)

Parents are: Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Single Parent \_\_\_\_\_

With whom does the student live? \_\_\_\_\_ Both Parents \_\_\_\_\_ Mother Only \_\_\_\_\_ Father Only \_\_\_\_\_ Other \_\_\_\_\_

Has the student had an IEP, 504 or received special services within the last three years? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Please provide a copy of the most recent Evaluation Report and a copy of the IEP.

Church Membership \_\_\_\_\_

Enrolling in Grade \_\_\_\_\_ Last School Attended \_\_\_\_\_

Public School Attendance Area (Which school would your child attend if in public?) \_\_\_\_\_

**STUDENT ETHNIC ORIGIN:** American Indian · Asian · African American · Hispanic · Pacific Islander · Caucasian · Other ·

**Registration Fees – Non-refundable:**

**Pre-Kindergarten -\$50.00 Kindergarten -8th – \$50.00 - after April 1st - \$100.00**

**Pre-Kindergarten students must be 4 by August 1<sup>st</sup>. Kindergarten students must be 5 by August 1st.**

How did you hear about our school? \_\_\_\_\_

For Office Use Only

Check #: \_\_\_\_\_ Date Received: \_\_\_\_\_

**FINANCIAL OBLIGATION COMMITMENT**  
**BETWEEN SCHOOL PARENTS OR GUARDIANS**  
**AND GRACE LUTHERAN SCHOOL**

Grace Lutheran School is a ministry of the Red River Lutheran School Association, whose goal is to build a foundation in children's lives through the Gospel of Jesus Christ in addition to providing an excellent academic education. In order to operate, we rely upon the tuition and fees paid by parents. All parents or guardians are expected to meet their obligation to make prompt payment of all applicable tuition, fees and other costs. To responsibly meet this obligation demonstrates good stewardship of the resources our Lord has provided.

As parent/guardian of \_\_\_\_\_,  
I agree to pay fees and tuition as outlined in the Fee Schedule for the 2019-2020 School Term. Individual congregations may elect to pay a percentage of these fees for their members, however as parent or guardian, I am responsible for full payment in the event my membership changes or the congregation's policy changes. All accounts are due on or before 10 days following the billing date. Any account that is not current on the day of billing (the 15<sup>th</sup> of the month) will be assessed a \$10 late fee. A \$15 charge will be assessed for any check returned by your bank. Charges of additional services such as extended childcare will be billed as incurred and included in your monthly statement. Prompt payment is expected.

**If payments are to be late, for any reason, it is the responsibility of the parent or guardian to contact the school office with pertinent information and make other arrangements.**

**If the account becomes 30 days past due and acceptable arrangements have not been proposed to, and approved by, the Board of Christian Education, bus and extended childcare services may be withheld until the account is made current. When an account becomes 45 days past due, parents or guardians who fail to make prompt payment or acceptable arrangements with the Board of Christian Education will be expected to withdraw their children from the school until the account is satisfied. Failure to voluntarily withdraw students may result in expulsion of the student(s). Accounts delinquent by more than 60 days will be turned over to a collection agency unless alternative payment arrangements are made. Student academic records will be withheld until accounts are paid in full.**

<b>Pre-Kindergarten: 9 months</b> _____	
<b>Kindergarten – 8<sup>th</sup> Grade – Billing Preference:</b> 10 Month _____ 12 Month _____	
<b>Billing Address</b> _____	<b>City</b> _____ <b>State</b> _____ <b>Zip Code</b> _____
<b>Automatic Withdrawal? Yes/No (Please circle) If yes, complete the Simply Giving Form.</b>	
<b>Tuition will be paid by:</b> _____	
<b>If split billing is needed, please specify here:</b> _____	
<b>Contact Email Address</b> _____	

**Each party signing this agreement agrees to be fully liable for all fees and expenses owed to GLS.**

**I have read and understand the financial commitment described above, and agree to abide by its terms and conditions.**

\_\_\_\_\_  
**Signature of Father or Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Mother or Guardian**

\_\_\_\_\_  
**Date**