

St. Paul's Lutheran School

Contract for Enrollment

Name of Student _____
First
Middle
Last

Enrolling for Grade _____ at St. Paul's Lutheran School School Year _____

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We agree to the following terms and expectations at St. Paul's Lutheran School for the upcoming school year.

We understand:

- That St. Paul's is a Lutheran school of the finest quality that provides a Christ-centered education based on scripture. We also understand that the instruction and the programs of this school are planned with the hope that the faith of students, parents, and teachers is nurtured and strengthened.
- That required activities for students include: religion classes, corporate worship, and service activities.
- That a student must meet academic requirements and behavioral standards in order to continue as a member of the student body.
- That tuition payments must be up to date in order for a student to attend classes; that credit for classes will be granted only if tuition and fees are fully paid; and that students with past due accounts will not receive grades, school records, transcripts or be allowed to re-enroll.

We agree to the following terms and conditions:

1. That we will complete the required forms, pay the necessary fees, and make the payments of required tuition that are mandatory for enrollment and continuation as a student.
2. We agree to the following payment plan with St. Paul's Lutheran School for the upcoming school year:
 - _____ Choice Student
 - _____ One tuition payment – paid by August 31 (by check or money order)
 - _____ Two tuition payments – paid by August 31 and January 31 (by check or money order)
 - _____ 10 month payment plan (using the approved automatic withdrawal organization) beginning August 1st and ending May 31st
 - _____ 12 month payment plan (using the approved automatic withdrawal organization) beginning June 1st and ending May 31st
3. That there may be other fees incurred while enrolled at St. Paul's and that we agree to pay those fees as requested (e.g. field trips, class trips, athletics, etc).
4. That St. Paul's administration is authorized to contact any school and other sources to obtain information to support this application, and we will not seek access to confidential recommendations and evaluation materials before or after our child's admission. We understand that these materials will be handled in a confidential manner and used only for the purpose of admission to St. Paul's. We release every person and institution from any and all liability resulting from or pertaining to the furnishing of records, documents, and other information provided to St. Paul's for enrollment purposes.

5. That if our child is absent from school, we will call the school office before 8:00am to inform the school of the reason for the absence.
6. That when, and if, the time comes for our child to walk or ride with another parent for off-campus activities, we will fill out the necessary office permits giving the child permission to do so.
7. We give permission for our son/daughter to be photographed or video taped during the school year while a student at St. Paul's. We understand that these pictures may be used on school bulletin boards, in school newsletters and other publications, and, possibly, on the school website (www.splcwa.org) and Facebook page, and that there will be no personal identification attached to any picture used on the website or Facebook page.

We further consent that these photographs and/or videos shall be the property of the St. Paul's, and that St. Paul's shall have the right to duplicate, reproduce, and use them at any time and in any way that it deems necessary.

_____ It is okay to use our son's/daughter's photograph as described above.

_____ We prefer NOT to give consent to have this done and used by St. Paul's in any way.

8. That St. Paul's is not responsible for lost or damaged personal belongings.
9. That St. Paul's is authorized to obtain, through any physician it may choose, any emergency medical care that may become reasonably necessary for our child during the course of any St. Paul's activity. We understand that the school will make every attempt to contact us in such an event.

We agree to all of the above-stated guidelines, expectations, and procedures of St. Paul's Lutheran School.

Father's / Guardian's Signature

Date

Mother's / Guardian's Signature

Date

Student's Signature

Date

Parent(s)/Guardian(s) Name:

Address:

City, State, Zip:

Phone:

Cell:

Email:

Public School District:

Race/Ethnicity of Student(s):