



"Quality Education in a Family Environment"

For Office Use Only

Rec'd _____ Reg Amt _____
Pymt _____ CC Date _____

School Year: 24-25

[] New Applicant

[] Re-Enrollment

K-8th Enrollment Form

Student Information Date: _____ Grade applying for: _____ Shirt Size: [] Adult [] Youth S M L (circle one)

Student's Name: Last _____ First _____ Middle _____

Address: _____
Street Number City State Zip Code

Home Phone: (____) _____ [] Male [] Female Ethnic Background: _____
(Statistical purposes only)

Birth Date: _____ Birth City/State: _____ Birth Country: _____

Please list any health concerns or allergies: _____

Are there any special needs or family situation you feel we need to be aware of? (Please include Regional Center information, IEP, 504 Plan, other assessments, etc. and any disciplinary action at a previous school.)

How did you hear about our school? _____

Last School Attended: _____

Family Information

Marital Status: [] Married [] Single [] Separated [] Divorced [] Widowed [] Remarried

Student lives with: Father, Mother, Stepmother, Stepfather, Grandparents, Legal Guardian? _____

Mother's Name: _____ Social Security #: ____/____/____

Address: _____ City/State: _____ Zip Code: _____

Phone - Home: _____ Work: _____ Cell: _____

Occupation/Employer: _____ Email: _____

Father's Name: _____ Social Security #: ____/____/____

Address: _____ City/State: _____ Zip Code: _____

Phone - Home: _____ Work: _____ Cell: _____

Occupation/Employer: _____ Email: _____

Communication

Send mailings to: [] Father [] Mother [] Other _____

Send bills to: [] Father [] Mother [] Other _____

Releases

- I give Concordia Christian my permission to:
- Use my student's picture for promotional purposes (i.e. *Signs, brochures, website, social media, etc.). [] Yes [] No
- Use my student's first name to describe pictures for promotional purposes (*). [] Yes [] No
- Supervise my student's computer use. My student and I agree to abide by the rules provided. [] Yes [] No

Parent Signature _____ Date _____

Siblings at Concordia Christian

Sibling 1: _____ Date of Birth _____ Grade _____

Sibling 2: _____ Date of Birth _____ Grade _____

Sibling 3: _____ Date of Birth _____ Grade _____

Baptized: _____ Date: _____
Denomination *Month and Year*

Does your family have a church home? Yes No If yes, Church you attend: _____

Are you, as parents, interested in learning about the Lutheran Church? Yes No

State Law requires complete Polio, Measles, Diphtheria, Tetanus, Hepatitis B and Tuberculosis Skin Test Immunization before entering school for the first time. Also Pertussis immunization will be required of all entrants less than 7 years of age. Have you complied with this law? _____
(Initial)

Concordia Christian admits students of any race, color, age, gender, disability, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, gender, disability, national or ethnic origin in administration of its educational policies, admissions policies or athletic and other school administered programs. If you believe, you or any individual have been discriminated against; write immediately to Secretary of Agriculture, Washington, DC 20250.

Financial Responsibility and Agreement

- **Registration Fee and Tuition Payments** are non-refundable.
- **Tuition Payment Plan** (*choose one*):
 - Payment in full by July 1** – a **5% discount** will be applied on the year's tuition.
 - Payment in full by the first day of school** – a **2.5% discount** will be applied on the year's tuition.
 - 10 Month Plan** – equal monthly payments beginning August 1 and are due on the 1st of each month.
 - 11 Month Plan** – equal monthly payments beginning July 1 and are due on the 1st of each month.
- **Late Payment Fee** of \$50 will be assessed if payment is not received by the 10th of the month. If payment is not received on or before the 25th of the month, your student's continuation in school will be in jeopardy.
- **Returned Check Fee** will be assessed.

Print Name(s) or Person(s) Responsible for Payment: _____
(If other than parent, sign below*)

Address: _____

Home Phone: _____ Work Phone: _____

Relationship to Student: _____

- Upon acceptance of my child, I agree to timely pay my tuition to Concordia Christian School.
- I certify that all statements made above are correct, accurate and complete.
- I understand that no records will be released until tuition and all other financial obligations are paid in full.
- I have read the above and agree to abide by the policies outlined.

Parent Signature _____ Date _____

Parent Signature _____ Date _____

*Signature _____ Date _____

(Financially Responsible Person, if other than parent)