



# SAINT PETER LUTHERAN SCHOOL

## 2012 - 2013 ADMISSION CONTRACT

208 E. Schaumburg Road, Schaumburg, IL 60194

Phone: 847-885-7636 Fax: 847-882-9157 Web:stpeterlcms.com

|                |          |
|----------------|----------|
| For Office Use |          |
| Date:          | _____    |
| Check #        | Amount   |
| # _____        | 1. _____ |
| # _____        | 2. _____ |

### PRE-SCHOOL

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Social Security #: Parent/Guardian #1 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Parent/Guardian #2 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

\*Email Address \_\_\_\_\_ **(Required: All school information is sent via email)**

This contract must be completed, initialed, signed, and returned to the school office with at least 1/2 of the registration fee, per student, when registering for the Preschool Program. *The first half of registration is non-refundable.* The second half of registration, along with miscellaneous fees will be due no later than **Friday, May 4, 2012**. After the **5th day** of school in the fall, ALL registration & miscellaneous fees are non-refundable. (initial \_\_\_\_\_)

Registration fee for the 2 or 3 day program is: \$150.00  
Registration fee for the 5-Full day program and the 5-Half day program is: \$200.00

|                      |                         |                        |
|----------------------|-------------------------|------------------------|
| Student's Name _____ | Social Security # _____ | 2012-13 Program# _____ |
| _____                | _____                   | _____                  |
| _____                | _____                   | _____                  |

The following statements are the conditions for admission to St. Peter Lutheran School.

In appreciation of the Christian training our child/ren receives at St. Peter Lutheran School:

- I agree to support St. Peter Lutheran Church and School's Education Program through the tuition and fees established by the Church and School Administration.
- I agree to make tuition payments to St. Peter Lutheran Church and School on or before the first day of each month. I understand that payment made after the **5<sup>th</sup>** of the month will incur a \$25 fee. Checks not honored by the bank will incur a \$30 fee. I agree to the addition of reasonable attorney fees and costs of collection if I/we fail to pay under this contract. (initial \_\_\_\_\_)
- As a condition of continued attendance at the school, each family and student is required to acquaint themselves with school regulations concerning attendance, dress, punctuality, conduct, school property, and other matters pertaining to the orderly functioning of the school. Parent Handbooks are available in the school office or on our website.
- I also agree to support St. Peter Lutheran School with volunteer time throughout the year.
- **New families enrolling after the 2010-11 School Year:** I agree to give my credit/debit card information to be held on file in the Finance office. If tuition for my child becomes delinquent two (2) months any time during the school year, I authorize payment through my credit card on file after I am notified by the 10<sup>th</sup> day of the second month of delinquency. Payment will be taken on the 15<sup>th</sup> of that month. (initial \_\_\_\_\_)

I have read and understand what is required of me as a partner in my child/ren's Christian Education at St. Peter Lutheran School. By signing my name to this document, I acknowledge that I am the parent or legal guardian of the above student/s for whom I request enrollment at St. Peter Lutheran School for the 2012-2013 school year. The signature of one parent/guardian shall bind both parents/guardians to the terms of this contract.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

**ST. PETER LUTHERAN SCHOOL ADMITS STUDENTS OF ANY RACE, COLOR, AND NATIONAL OR ETHNIC ORIGIN.**