

School Year: 2023 - 2024

Student Enrollment

St. John's Lutheran School

1032 NW 12th Street
Moore, OK 73160

<http://www.sj-ls.org>

P: 405.794.8686 F: 405.300.5157

IT IS ST. JOHN'S MISSION TO...
EDUCATE WITH QUALITY CHRISTIAN ACADEMICS,
EVANGELIZE THE COMMUNITY IN A CHRIST-CENTERED ENVIRONMENT &
ENRICH FAMILIES, THE CHURCH & THE COMMUNITY.



STUDENT VITAL INFORMATION														
STUDENT NAME (LAST, FIRST, M.I.):						BIRTH DATE:		MONTH	DAY	YEAR				
						GENDER:		<input type="checkbox"/> MALE		<input type="checkbox"/> FEMALE				
STREET ADDRESS:				CITY:		STATE:		ZIP CODE:						
PROGRAMS			FEEDBACK			PHOTO RELEASE								
PRE-K/K:		ELEMENTARY:			HOW DID YOU HEAR ABOUT US?			I GIVE SJLS PERMISSION TO POST PHOTOS OF MY CHILD ON:						
<input type="checkbox"/> PRE-K 2	<input type="checkbox"/> 1ST GRADE	<input type="checkbox"/> 5TH GRADE	<input type="checkbox"/> WEBSITE		<input type="checkbox"/> AD/MAGAZINE <input type="checkbox"/> RADIO <input type="checkbox"/> FACEBOOK <input type="checkbox"/> FRIEND REFERALL <input type="checkbox"/> MARQUEE <input type="checkbox"/> OTHER: _____			WEBSITE						
<input type="checkbox"/> PRE-K 3	<input type="checkbox"/> 2ND GRADE	<input type="checkbox"/> 6TH GRADE	<input type="checkbox"/> YES	<input type="checkbox"/> NO				INITIALS						
<input type="checkbox"/> PRE-K 4	<input type="checkbox"/> 3RD GRADE	<input type="checkbox"/> 7TH GRADE	FACEBOOK											
<input type="checkbox"/> PRE-K 5	<input type="checkbox"/> 4TH GRADE	<input type="checkbox"/> 8TH GRADE	<input type="checkbox"/> YES	<input type="checkbox"/> NO				INITIALS						
<input type="checkbox"/> KINDERGARTEN			YEARBOOK											
			<input type="checkbox"/> YES	<input type="checkbox"/> NO				INITIALS						
Ethnic Survey for LCMS:								Caucasian		Hispanic		Asian		
								African American		Native American		Pacific Islander		
								Bi-Racial		Other: _____				
HEALTH INFORMATION														
PRIMARY CARE PHYSICIAN (PCP):						PCP PHONE:								
DOES YOUR CHILD HAVE ANY ALLERGIES TO FOODS, MEDICATIONS, ETC.? IF YES, PLEASE LIST.														
DOES YOUR CHILD HAVE ANY SPECIAL NEEDS INVOLVING ROUTINE CARE, GUIDANCE OR COMMUNICATION? IF YES, PLEASE LIST.														
IS YOUR CHILD ON ANY TYPE OF RESTRICTED DIET? IF YES, PLEASE LIST.														
I GIVE SJLS PERMISSION TO CONSULT WITH HEALTH & CHILD DEVELOPMENT PROFESSIONALS REGARDING MY CHILD'S NEEDS, IF NECESSARY:														
<input type="checkbox"/> YES														
<input type="checkbox"/> NO														
TRANSPORTATION					PUBLIC SCHOOL INFORMATION									
I GIVE SJLS PERMISSION TO TRANSPORT MY CHILD TO THE NEAREST HOSPITAL SHOULD A MEDICAL EMERGENCY OCCUR:					SPECIFY WHICH PUBLIC SCHOOL YOUR CHILD ATTENDED PREVIOUSLY OR WOULD BE ENROLLED IN IF THEY WERE NOT ENROLLED AT SJLS:									
<input type="checkbox"/> YES					_____									
<input type="checkbox"/> NO														
IMMUNIZATION RECORD					BIRTH CERTIFICATE									
I HAVE ATTACHED A CURRENT COPY OF MY CHILD'S IMMUNIZATION RECORD AS REQUIRED BY THE OKLAHOMA STATE DEPARTMENT OF HEALTH:					I HAVE ATTACHED A COPY OF MY CHILD'S OFFICIAL BIRTH CERTIFICATE:									
<input type="checkbox"/> YES					_____									
<input type="checkbox"/> NO														
OFFICE USE ONLY: _____					<input type="checkbox"/> YES									
					<input type="checkbox"/> NO									
					OFFICE USE ONLY: _____									

"ST. JOHN'S LUTHERAN SCHOOL ADMITS STUDENTS OF ANY RACE, COLOR & NATIONAL OR ETHNIC ORIGIN."

HOME INFORMATION			
PRIMARY CONTACT			
NAME:		RELATIONSHIP:	
STREET ADDRESS:		CITY:	STATE: ZIP CODE:
CELL PHONE:		E-MAIL:	
EMPLOYER:		WORK PHONE:	
SECONDARY CONTACT			
NAME:		RELATIONSHIP:	
STREET ADDRESS:		CITY:	STATE: ZIP CODE:
CELL PHONE:		E-MAIL:	
EMPLOYER:		WORK PHONE:	
EMERGENCY CONTACT & PICK-UP PERMISSION			
NAME:	RELATIONSHIP:	PHONE:	
NAME:	RELATIONSHIP:	PHONE:	
NAME:	RELATIONSHIP:	PHONE:	
NAME:	RELATIONSHIP:	PHONE:	
NAME:	RELATIONSHIP:	PHONE:	
SIBLINGS (CURRENTLY ATTENDING SJLS)			
NAME:	GRADE:	TEACHER:	OFFICE USE ONLY
NAME:	GRADE:	TEACHER:	OFFICE USE ONLY
NAME:	GRADE:	TEACHER:	OFFICE USE ONLY
NAME:	GRADE:	TEACHER:	OFFICE USE ONLY
COURT DOCUMENTATION			
SJLS MUST BE PROVIDED WITH CURRENT COPIES OF ANY COURT DOCUMENTS REGARDING CUSTODY OR VISITATION. ARE THERE ANY COURT DOCUMENTS REGARDING CUSTODY OR VISITATION OF THIS CHILD?			
<input type="checkbox"/> YES <input type="checkbox"/> NO	OFFICE USE ONLY:	CUSTODY/VISITATION PAPERS RECEIVED	<input type="checkbox"/> YES <input type="checkbox"/> NO INITIALS: _____
SECURITY INFORMATION			
DOOR CODE (4-DIGIT NUMBER ONLY)	1ST CHOICE:	2ND CHOICE:	SAFE WORD(S):
RELIGIOUS INFORMATION			
RELIGIOUS AFFILIATION:		CHURCH CURRENTLY ATTENDING:	
IS YOUR CHILD BAPTIZED? <input type="checkbox"/> YES <input type="checkbox"/> NO		WOULD YOUR FAMILY BE OPEN TO LEARNING MORE ABOUT THE LUTHERAN CHURCH? <input type="checkbox"/> YES <input type="checkbox"/> NO	

ENROLLMENT FEE

SJLS REQUIRES A NON-REFUNDABLE ENROLLMENT FEE OF \$200.00, WHICH GUARANTEES YOUR CHILD'S PLACEMENT IN OUR SCHOOL. THE ENROLLMENT FEE ASSISTS IN THE PURCHASE OF CURRICULUM & ADMINISTRATION COSTS. INITIALS

TUITION PAYMENT

TUITION PAYMENTS ARE DUE ON THE 1ST OF EACH MONTH. IF PAYMENT IS NOT RECEIVED BY THE 5TH OF THE MONTH, A LATE FEE OF \$50.00 WILL BE BILLED TO YOUR ACCOUNT. IF LATE PAYMENT IS NOT RECEIVED BY THE 10TH OF THE MONTH THE CREDIT CARD ON FILE WILL BE CHARGED. IF PAYMENT DOES NOT GO THROUGH AND IS NOT RECEIVED WITHIN 30 DAYS OF THE DUE DATE, THE STUDENT WILL BE WITHDRAWN & DEBT WILL BE PURSUED LEGALLY. INITIALS

ACCEPTABLE METHODS OF PAYMENT ARE ACH, CREDIT/DEBIT CARD*, DHS SUBSIDY, CHECKS OR MONEY ORDERS MADE PAYABLE TO: "ST. JOHN'S LUTHERAN SCHOOL"

WE DO NOT ACCEPT CASH

PLEASE WRITE YOUR CHILD'S NAME ON ALL PAYMENTS MADE TO SJLS TO ENSURE PROPER CREDIT TO YOUR ACCOUNT. *THERE WILL BE A 5% CONVENIENCE FEE APPLIED TO ALL CREDIT/DEBIT CARD PAYMENTS.

RATES

MOTHER'S DAY OUT: 2 - 3 DAYS PER WEEK

- 10 MONTHLY PAYMENTS OF \$200.00 (2 DAYS A WEEK: T & TH)
- 10 MONTHLY PAYMENTS OF \$300.00 (3 DAYS PER WEEK: M, W & F)

FULL PRICE: \$5,200.00

- 2 SEMESTER PAYMENTS OF \$2,600.00
- 10 MONTHLY PAYMENTS OF \$520.00

PAYMENT IN FULL: DISCOUNT (5%)

- 1 ANNUAL PAYMENT OF \$4,940.00

MULTIPLE CHILDREN ENROLLED: DISCOUNT (5%)

- 1 ANNUAL PAYMENT OF \$4,940.00
- 2 SEMESTER PAYMENTS OF \$2,470.00
- 10 MONTHLY PAYMENTS OF \$494.00

ACTIVE MILITARY: DISCOUNT (10%)

- 1 ANNUAL PAYMENT OF \$4,680.00
- 2 SEMESTER PAYMENTS OF \$2,340.00
- 10 MONTHLY PAYMENTS OF \$468.00

ACTIVE MEMBER OF ST. JOHN'S LUTHERAN CHURCH: DISCOUNT (15%)

- 1 ANNUAL PAYMENT OF \$4,420.00
- 2 SEMESTER PAYMENTS OF \$2,210.00
- 10 MONTHLY PAYMENTS OF \$442.00

OTHER:

- DHS
- EMPLOYEE
- LNH

TUITION COSTS COVER ALL BOOKS NEEDED FOR YOUR CHILD'S EDUCATION, AS WELL AS THE SCHOOL LUNCH PROGRAM. TUITION COSTS DO NOT COVER CLASSROOM SUPPLIES.

EXTENDED CARE PROGRAM

THE SJLS EXTENDED CARE PROGRAM PROVIDES A SAFE ENVIRONMENT FOR YOUR CHILD TO PLAY, STUDY & BUILD NEW FRIENDSHIPS.

RATES

- AM CARE: \$100.00 PER MONTH
- PM CARE: \$100.00 PER MONTH
- AS NEEDED BASIS: SEE ADDITIONAL

ADDITIONAL FEES

**\$10.00 PER PROGRAM PER DAY FOR SCHEDULED DROP-INS (REQUIRES 24 HOUR NOTICE)
\$20.00 PER PROGRAM PER DAY FOR UNSCHEDULED DROP-INS**

CONTRACT AGREEMENT

THIS ENROLLMENT FORM IS A CONTRACT BETWEEN ST. JOHN'S LUTHERAN SCHOOL, REFERRED TO IN THIS DOCUMENT AS "SJLS", & THE PARENT/GUARDIAN OF THE STUDENT APPLYING FOR OUR PROGRAM. BY SIGNING THIS FORM, YOU CERTIFY THAT THIS DOCUMENT HAS BEEN COMPLETED ACCURATELY & HONESTLY TO THE BEST OF YOUR KNOWLEDGE. IT IS ALSO UNDERSTOOD THAT YOU AGREE TO PAY THE ENROLLMENT FEE, TUITION COSTS (IN ACCORDANCE WITH YOUR PAYMENT SELECTION) & ANY EXTENDED CARE OR LATE FEES INCURRED DURING THE 2023/2024 SCHOOL YEAR.

PLEASE REFER TO THE ST. JOHN'S LUTHERAN SCHOOL PARENT/STUDENT HANDBOOK FOR ANY QUESTIONS YOU MAY HAVE REGARDING OUR SCHOOL & ITS POLICIES. ANY CHANGES TO THIS CONTRACT MUST BE DONE IN WRITING ON THE APPROPRIATE FORM & SUBMITTED TO THE FRONT OFFICE FOR APPROVAL.

BY SIGNING THIS FORM, I UNDERSTAND THAT I AM ENTERING INTO A CONTRACTUAL AGREEMENT WITH ST. JOHN'S LUTHERAN SCHOOL.

PARENT/GUARDIAN SIGNATURE

DATE

