

# Student Enrollment

## St. John's Lutheran School

1032 NW 12<sup>th</sup> Street

Moore, OK 73160

<http://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:
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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"/> PRE-K 3 <input type="checkbox"/> PRE-K 4 <input type="checkbox"/> PRE-K 5 <input type="checkbox"/> KINDERGARTEN	<input type="checkbox"/> 1ST GRADE <input type="checkbox"/> 2ND GRADE <input type="checkbox"/> 3RD GRADE <input type="checkbox"/> 4TH GRADE <input type="checkbox"/> 5TH GRADE <input type="checkbox"/> 6TH GRADE <input type="checkbox"/> 7TH GRADE <input type="checkbox"/> 8TH 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: _____		<input type="checkbox"/> WEBSITE <input type="checkbox"/> YES <input type="checkbox"/> NO <span style="background-color: yellow;">INITIALS</span> <input type="checkbox"/> FACEBOOK <input type="checkbox"/> YES <input type="checkbox"/> NO <span style="background-color: yellow;">INITIALS</span> <input type="checkbox"/> YEARBOOK <input type="checkbox"/> YES <input type="checkbox"/> NO <span style="background-color: yellow;">INITIALS</span>	
<b>Ethnic Survey</b> <b>for LCMS:</b> <input type="checkbox"/> Caucasian <input type="checkbox"/> African American		<input type="checkbox"/> Hispanic <input type="checkbox"/> Native American		<input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander	
				<input type="checkbox"/> Bi-Racial <input type="checkbox"/> 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.	
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IS YOUR CHILD ON ANY TYPE OF RESTRICTED DIET? IF YES, PLEASE LIST.	
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<b>I GIVE SJLS PERMISSION TO CONSULT WITH HEALTH &amp; CHILD DEVELOPMENT PROFESSIONALS REGARDING MY CHILD'S NEEDS, IF NECESSARY:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	
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TRANSPORTATION	PUBLIC SCHOOL INFORMATION
<b>I GIVE SJLS PERMISSION TO TRANSPORT MY CHILD TO THE NEAREST HOSPITAL SHOULD A MEDICAL EMERGENCY OCCUR:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>SPECIFY WHICH PUBLIC SCHOOL YOUR CHILD ATTENDED PREVIOUSLY OR WOULD BE ENROLLED IN IF THEY WERE NOT ENROLLED AT SJLS:</b> _____

IMMUNIZATION RECORD		BIRTH CERTIFICATE	
<b>I HAVE ATTACHED A CURRENT COPY OF MY CHILD'S IMMUNIZATION RECORD AS REQUIRED BY THE OKLAHOMA STATE DEPARTMENT OF HEALTH:</b>		<b>I HAVE ATTACHED A COPY OF MY CHILD'S OFFICIAL BIRTH CERTIFICATE:</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO	OFFICE USE ONLY: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	OFFICE USE ONLY: _____

HOME INFORMATION				
PRIMARY CONTACT				
NAME:		RELATIONSHIP:		
STREET ADDRESS:		CITY:	STATE:	ZIP CODE:
CELL PHONE:		E-MAIL: SSN:		
EMPLOYER:		WORK PHONE:		
SECONDARY CONTACT				
NAME:		RELATIONSHIP:		
STREET ADDRESS:		CITY:	STATE:	ZIP CODE:
CELL PHONE:		E-MAIL: SSN:		
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 <u>CURRENT</u> 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?		WOULD YOUR FAMILY BE OPEN TO LEARNING MORE ABOUT THE LUTHERAN CHURCH?		
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		

## ENROLLMENT FEE

SJLS REQUIRES A NON-REFUNDABLE ENROLLMENT FEE OF \$300.00, 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

##### **FULL PRICE: \$7,200.00 (\$6,700.00 for 2s and 3s)**

- 2 SEMESTER PAYMENTS of \$3,600.00 (\$3,350.00)
- 10 MONTHLY PAYMENTS of \$720.00 (\$670.00)

##### **PAYMENT IN FULL: DISCOUNT 5%**

- 1 ANNUAL PAYMENT of \$6,840.00 (\$6,365.00)

##### **MULTIPLE CHILDREN ENROLLED: DISCOUNT 5%**

- 1 ANNUAL PAYMENT of \$6,840.00 (\$6,365.00)
- 2 SEMESTER PAYMENTS of \$3,420.00 (\$3,182.50)
- 10 MONTHLY PAYMENTS of \$684.00 (\$636.50)

##### **ACTIVE MILITARY: DISCOUNT 10%**

- 1 ANNUAL PAYMENT OF \$6,480.00 (\$6,030.00)
- 2 SEMESTER PAYMENTS OF \$3,240.00 (\$3,015.00)
- 10 MONTHLY PAYMENTS OF \$648.00 (\$603.00)

##### **ACTIVE MEMBER OF SJLS: DISCOUNT 15%**

- 1 ANNUAL PAYMENT OF \$6,120.00 (\$5,695.00)
- 2 SEMESTER PAYMENTS OF \$3,060.00 (\$2,847.50)
- 10 MONTHLY PAYMENTS OF \$612.00 (\$569.50)

#### OTHER

- DHS
- EMPLOYEE
- LNH
- PCTC

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.

#### 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 PREVIOUS SCHOOL YEAR(S).

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