Word of Life Lutheran School
6535 Eichelberger
St. Louis, MO 63109

APPLICATION FOR RE-ENROLLMENT

Date _____

Please answer all questions below, sign and return this application immediately to the school office. A registration fee must be paid to secure classroom space for the new school year.

Registration Fee	$100 (one child)
Maximum Fee per Family	$200 (two children or more)

The registration fee and re-enrollment form are due by February 6th. This will assist to identify classroom space as the open enrollment process begins on February 8th.

Appreciating the advantages offered by a Christian school, we hereby request that our child(ren) be enrolled at Word of Life Lutheran School.

Child's Name	Grade (next school year)
_____	_____
_____	_____
_____	_____

Christian training involves cooperation among the school, the home and the church. Will you commit your family to faithful attendance at Sunday School and church services, as well as maintaining Christian training in your home? _____

Please initial the following lines below showing your acknowledgement of these statements.

_____As a parent of a child in Word of Life Lutheran School and member of an association congregation, I am fully aware of my financial responsibility toward _____.
Lutheran Church

_____ As a member of _____, I will contribute my fair share in Sunday offerings.
Lutheran Church

_____ As a member/nonmember, I understand the payment of all fees must be kept current. Remittance may be made through a monthly installment plan, by semester or annually on registration day. The installment plan is set on a ten-month or a twelve-month schedule with tuition payable through an automatic draft system with Simply Giving. (School year enrollment forms will be coming.) Ten-month payments begin on August 1st, twelve-month payments begin on June 1st, both payment plans end on May 1st.

_____Any default in financial obligation is subject to collection through the legal process. All legal fees required in the collection process will be at the expense of parent/guardian herein and signature below. The collection fee will reflect 15% of owed balance and all court costs.

_____I have included a registration fee of _____with this reenrollment form to reserve classroom space from my child(ren). I understand that the registration fee given to Word of Life Lutheran School is not refundable.

Parental Signature _____ Church Membership _____