



APPLICATION/REGISTRATION FORM 2017-2018 SCHOOL TERM

We are pleased that you are interested in the opportunities for your son/daughter at Lincoln Lutheran!
 To reserve a place for the 2017-2018 school term, please complete this form and return it as soon as possible.
The registration fee does not need to be submitted with this registration form - it will be billed through FACTS.
 The registration fee is non-refundable except in cases of denied enrollment or extenuating circumstances.

REGISTRATION FEE PER CHILD FOR THE 2017-2018 SCHOOL YEAR:

| Grade Level | If Registered by March 15 | If Registered after March 15 |
|------------------------------------|---------------------------|------------------------------|
| 6 th – 8 th | \$225 | \$325 |
| 9 th – 12 th | \$250 | \$350 |

Students new to Lincoln Lutheran will pay the early registration fee, even if registering after March 15.
 Families qualifying for free/reduced lunch are required to make a \$25 registration deposit per child with the balance of the registration fee due July 20.

TUITION RATES FOR THE 2017-2018 SCHOOL YEAR:

| | Grade 6 | Grades 7-8 | Grades 9-12 |
|-----------------------------|---------|------------|-------------|
| Tuition Rate | \$6,875 | \$7,875 | \$9,275 |
| Association Member Discount | \$1,150 | \$1,150 | \$1,150 |
| Association Member Tuition | \$5,725 | \$6,725 | \$8,125 |

Important Reminders

Association congregations support at least 25% of the Association member tuition for each member student.
 All students will be assessed a \$125 Technology Fee as part of the final registration process in late summer.
 Additional information regarding students new to Lincoln Lutheran will be collected prior to the start of school.

| <u>Legal</u> Last Name, First Name of Student(s) | M/F | Date of Birth (MM/DD/YYYY) | Church Membership | Grade for 2017/2018 | Registr. Fee |
|---|-----|-------------------------------|----------------------|------------------------|-----------------|
| | | | | | |
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| | | | | | |
| Total Registration Fee Due upon Notification from FACTS Mgt. | | | | | |

Legal Guardian(s): _____
(Please Print Legibly) (Please Print Legibly)

Legal Guardian Signature: _____

Is Either Parent or Guardian an LCMS Full-Time (minimum of 30 hours per week) Employee? _____

Student Address: _____

City, State, Zip: _____ **Phone #:** _____

School Student(s) Currently Attend: _____

E-mail Address(es) to be Used for FACTS Billing: _____