

APPLICATION FOR TUITION ASSISTANCE - 2017-2018 SCHOOL YEAR

PARENT(S): _____

ADDRESS: _____

PHONE: HOME: _____ CELL: _____

E-MAIL: _____

We plan to enroll the following child(ren) in Lutheran school for the 2017-2018 school year.

Child(ren) to be enrolled:	Grade:	School:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

We have reviewed St. John's Policy on Christian Day School Education and agree to fulfill our obligation to the spiritual development of our child(ren) through our active involvement in the life of the St. John's congregation.

***We will attend the MANDATORY PARENT MEETING on Tuesday, April 25th at 6:30pm in the church sanctuary. At least one parent in the program is required to attend.**

(Date) _____ (Parent Signature) _____

(For Office Use Only)

ENROLLMENT CONFIRMED:
_____ YES _____ NO

MEMBERSHIP CONFIRMED:
_____ YES _____ NO

BOARD CONSIDERATION:
_____ APPROVED _____ DENIED

PARENTS NOTIFIED:
_____ (DATE)