Rev. Ben Berteau
Office: 724-352-2777

ST. LUKE LUTHERAN SCHOOL
330 Hannahstown Road
Cabot, Pennsylvania 16023
www.school.stlukecabot.org

Mrs. Kelly Carney, Principal
Office: 724-352-2221

School Term: 2020-2021 Application Date_____

Circle/Check: ( ) Half-day Kindergarten ( ) Full-Day Kindergarten ( ) Grade 1 2 3 4 5 6 7 8

Pupil's Full Name:_____
(Last) (First) (Middle)

Address:_____Phone_____
(Street) (City, State) (Zip Code)

Date of Birth:_____ Place of Birth:_____
(Month/Day/Year) (City, State)

Date of Baptism:_____ Church where baptized:_____
(Month/Day/Year) (Name) (City, State)

Gender ___ Adopted? Yes___ No____

Father's Name:_____
(Last) (First) (Middle)
Email Address:_____

Occupation:_____

Employer:_____Phone at work:_____

Mother's Name:_____
(Last) (First) (Middle) (Maiden)
Email Address:_____

Occupation:_____

Employer:_____Phone at work:_____

Names and birthdates of brothers and sisters:

_____ _____

_____ _____

Where does Christian education rank in priority for your child in the years ahead?_____

_____

Reason for Transfer:_____

Does your child have an I.E.P or receive any auxiliary instructional services, such as Title I, Speech/Language, etc.?

Yes___ No____ If yes, please explain: _____

Please state how you learned of St. Luke Lutheran School:____

____

Name and address of school now enrolled:____

Grade presently enrolled:__________

Will bus transportation be required?   Yes____   No____   Your school district of residence________________________

<u>Finances:</u> St. Luke Lutheran School is maintained largely through the offerings to God by the members of St. Luke Lutheran Congregation. St. Luke has always supported the mission of the school, both spiritually and financially. However, to defray part of the cost, a tuition fee is charged. **New students who wish to enroll must pay an Enrollment Fee of $150 per family to St. Luke School with their initial application.** This fee is considered non-refundable except in case of emergency as approved by the Board or unless St. Luke Lutheran School is unable to accept your child.

I will pay tuition: ____ In full on Registration Day   **____9-month plan** (Payments begin on August 20, 2020)

____12-month plan (Payments begin on June 20, 2020)

<u>Yearly tuition</u>

First child:	$4680.00
Second child:	$2780.00
Third child:	$1510.00
Half-day K tuition—1st child:	$3510.00
Half-day K tuition—2nd child:	$2085.00
Half-day K tuition—3rd child:	$1133.00

Monthly tuition payments are due on the 20th of each month— August-April for the 9-month plan, and June-May for the 12-month plan. All monthly payments will be made to FACTS tuition management service. Parents have the option of using an invoice payment method via email or having the payments deducted automatically from their bank account. If tuition for the year is paid in full in August at Registration Day, a $40 discount will be deducted. **All families planning to make monthly payments will be required to enroll online with FACTS Management at https://online.factsmgt.com. Families who have a current account with FACTS should not sign up again; their account will be rolled over to next school year.**

Final Action: All applications for enrollment are subject to the approval of St. Luke Board of Parish Education. Written notification of the Board's action shall be sent in a timely fashion.

St. Luke Lutheran School admits students of any race, color, national and ethnic origin to all the right, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs and athletic and other school-administered programs.

+ +

OFFICE USE:	OTHER INFORMATION:
Date sent______________________	Records release sent to parents______________________
Date received ______________________	Records release sent to school ______________________
Enrollment fee received ______________________	Records received: Academic ______________________
Approved by Board ______________________	Health ______________________
Acceptance letter mailed ______________________	Transportation arranged______________________

School Information Form

Child's Name_____

Family Status: (married, single, divorced, stepparents, separated, foster, etc.)_____

Does your child have any allergies?_____

Does your child have any food allergies which may affect what he should or should not eat at school?

_____

Is your child allergic to any medications? If so, please list them_____

What communicable diseases has your child had?_____

_____

Any serious illnesses?_____

Any major surgery?_____

Any eye or ear problems?_____

Is your child presently under a doctor's care or on any prescribed medication? If so, please list.

_____

Does he sleep well?_____

Any nervous habit?_____

Has your child any fears?_____ Of what?_____

Are there any reasons of health why your child cannot take part in a normal school program?

_____

_____

General physical and emotional health comments:_____

_____

_____

Write below any further information about your child or your family which you believe will be helpful to us in understanding your child's behavior.

_____

_____

Ministry Interest Information Date_____

As a Christian community, we are concerned about your needs. As we develop our programs and ministries, we are attempting to meet the needs of as many people as possible. If you could take just a moment and share some of your ideas, needs, and areas of interest with us, it would be greatly appreciated. Please complete this entire form and return it with your application.

Adult groups that I would like to see offered:

____Parenting class	____Mothers' Group	____Review of Lutheran beliefs
____Raising toddlers	____Crisis intervention	____Marriage and family enrichment
____Dealing with adolescents	____Father's Group	____Bible study/discussion
____Discipline	____Support groups	____Health/fitness group

____Other_____

Home Church Information

Parents' Name_____Student's Name_____

Address_____ Phone _____

Father: Name of present church and address_____

_____

Active: Yes____ No____ Minister's Name_____

Mother: Name of present church and address_____

_____

Active: Yes____ No____ Minister's Name_____

Does your child attend Sunday School? Yes ____ No ____

Has your child attended Sunday School regularly in the past six months? Yes ___ No ___

Do you, as a family, worship regularly? Yes ____ No ____

Would you like more information about our church? Yes ____ No ____

Would you like a contact from the principal? Yes ____ No ____ From the pastor? Yes ____ No ____

Additional comments_____

_____