

ST. PETER-IMMANUEL LUTHERAN SCHOOL
7801 W. Acacia Street
Milwaukee, WI 53223
(414) 353-6800

STUDENT APPLICATION 2010-2011

PLEASE PRINT

Date of Birth _____ Gender _____ Grade Entering _____ Baptism Date _____

Student Name _____
First Middle Last

Address _____

City _____ Zip Code _____ Home Phone (____) _____

Ethnicity (for government census and church reports)

African American Asian Hispanic Native American White

With Whom does the child Live? (Primary Caregivers) Mom Dad Both

Female birth mother step mother legal guardian other _____

Name _____

Cell number _____ email address _____

Employer _____ Employer Phone (____) _____

Male birth father step father Legal guardian other _____

Name _____

Cell number _____ email address _____

Employer _____ Employer Phone (____) _____

Non-Custodial Parents or Secondary Caregivers

Female birth mother step mother legal guardian other _____

Name _____

Cell number _____ email address _____

Employer _____ Employer Phone (____) _____

Male birth father step father Legal guardian other _____

Name _____

Cell number _____ email address _____

Employer _____ Employer Phone (____) _____

An Agreement to Pay My/Our Child(ren)'s Tuition

I/we agree that I/we will be jointly and severally liable for my/our child(ren)'s tuition at St. Peter-Immanuel Lutheran School for the 2010-11 school year.

I/we understand and agree that I/we will be responsible for my/our child(ren) at the rate selected below:

member rate non-member rate

In addition, I/we agree that such tuition will be paid:

in one payment per semester in a nine-month period (August-April)

If I/we choose to pay annually, I/we agree to pay the tuition in full by August 20, 2010. If it is not paid in full, I/we will pay either per semester or monthly (9), and automatically enroll in the F.A.C.T.S. Tuition Management Services which will be paid promptly through F.A.C.T.S. Tuition Management Services or my/our child(ren) will no longer be accepted at the school.

Total Family Tuition: _____ (From F.A.C.T.S. or Annual Bill) **OR**

CHOICE - If I/we qualify for CHOICE, then I/we will give permission to the authorized personnel to endorse the checks by signing a Tuition Payment Authorization Form under the provision of WI stats 11.23 and regulation there under. All Choice documentation MUST be turned in to the office at the time of enrollment. If it is determined that you are not eligible for Choice, you will then be responsible for paying full tuition for each child enrolled.

I/we agree that if St. Peter-Immanuel must initiate any type of collection action against me/us for any tuition balance, remaining PTL fundraising, supplies, and other school-sponsored activities, then I/we agree to pay all cost of collection, including actual attorney's fees, expenses, court costs and related fees. I/we understand that I/we will not be released from this obligation unless such agreement is reduced to writing and signed by a designated member of the Leadership Team and me/us.

Finally, I/we agree to follow all of the policies and procedures of St. Peter-Immanuel Lutheran School.

Additional Materials Needed to Complete the Application Process:

- _____ **Non-Refundable Advance Tuition Payment (unless you qualify for Choice.)**
- _____ **Financial Application** F.A.C.T.S. or CHOICE (Note: Must be filled out correctly or DPI will reject it.)
- _____ **Correct School Application Form.** Returning Student or New Student
- _____ **Completed 2009 Federal Taxes,** Address Verification, Financial Supporting Documents
- _____ **Birth Certificate, most current report card** (New Students only)

THIS IS A LEGAL DOCUMENT. PLEASE READ IT CAREFULLY BEFORE SIGNING IT. EACH OF THE PARTIES WHO HAVE SIGNED THIS AGREEMENT ARE JOINTLY AND SEVERALLY RESPONSIBLE FOR THE PAYMENTS REQUIRED THEREIN. {NOTE: Both parents/guardians must sign this agreement in order for the child(ren) to be accepted at St. Peter-Immanuel Lutheran School.}

_____	_____	_____	_____
Parent/Guardian Signature	Date	Parent/Guardian Signature	Date
_____	_____	_____	_____
Print Name		Print Name	
Social Security Number _____-_____-_____		Social Security Number _____-_____-_____	

Leadership Team _____ Date _____

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OFFICE USE ONLY

Date Application Packet Received _____

Advance Tuition Payment: Check # _____ Cash _____ Receipt # _____