

APPLICATION MUST BE
ACCOMPANIED BY THE
\$50 APPLICATION FEE

RE-ENROLLMENT APPLICATION
MEMORIAL LUTHERAN SCHOOL



5800 Westheimer ~ Houston, Texas 77057 ~ 713.782.4022 713.782.1749 Fax

| | | | | | |
|---|--|---|---|--|---|
| Child's Name: Last | | | First | Middle | Social Security Number |
| Address | | | | | |
| City/State | | | Zip | Home Phone | |
| Child's Date of Birth ____/____/____ | | Place of Birth City State | | ____Male ____Female | Circle Grade/Class applying for Infants Early Start PS 3 PK 4 K 1 2 3 4 5 6 7 8 |
| With Whom Does the Child Live? Father____ Mother____ Both____ Guardian____ | | My child will attend only Regular School Hours ____8:15-3:30 PM | | ____3 Day Option Early Start and Preschool | Will you need before or after school care? ____ Yes Drop-off time____AM Pick-Up time ____PM |
| Father's Name ____Mr. ____Dr. ____Rev. ____Other (specify) | | | | Occupation | |
| Employed By | | Work Phone | | Father's Cell Phone | |
| Father's Work Email Address | | | Father's Home Email Address | | |
| Mother's Name ____Mrs. ____Ms. ____Miss ____Dr. ____ Other(Specify) | | | | Occupation | |
| Employed By | | Work Phone | | Mother's Cell Phone | |
| Mother's Work Email Address | | | Mother's Home Email Address | | |
| Name of Person responsible for financial payments | | | Name of Person responsible financial payments | | |
| I choose the following method for my tuition payments Monthly Payment____ or In full by August 1____ | | | | | |

RELEASE INFORMATION

| | | | |
|--|----------------|--------------|----------------|
| In addition to parents, I authorize my child to be released to the following persons also: | | | |
| Name | | Name | |
| Phone | | Phone | |
| Relationship | E-mail Address | Relationship | E-Mail Address |

FOR OFFICE USE ONLY

| | | |
|--------------------------------|---------------------------|--|
| Registration Fee - Amount paid | Date Application Received | Paid by Cash_____ Check #_____ Credit Card_____ |
|--------------------------------|---------------------------|--|

FAMILY CHURCH INFORMATION

| | |
|---|--|
| Name of Home Church | Denomination |
| We do not have a church home and would like a call from the Pastor _____ | |
| The best number at which to reach us _____ We are interested in attending Adult Instruction _____ | |
| Is child baptized? Yes _____ No _____ | I would like to speak with the Pastor about Baptism _____ A Pastor may contact me _____ |

WAIVER

I hereby grant Memorial Lutheran School the right to use and reproduce my child's image for the purpose of promotional or public relations materials designed exclusively for Memorial Lutheran School. ___Yes ___No

Signature of Parent or Guardian _____ Date _____
(Only One Signature Required)

AGREEMENT

Upon acceptance of the student described above, I hereby agree to accept and abide by all rules and regulations of the school and will support and uphold school policies including such disciplinary measures as may be deemed necessary and proper by the Administration. Memorial Lutheran School reserves the right, within its discretion, to discontinue enrollment of a student.

I agree to pay tuition and such fees as are chargeable according to the 2009-2010 tuition and fee schedule. It is understood that this is an application only and that space will not be reserved for our child until the enrollment process is completed and the registration fee is paid. (Registration fees are non-transferable and non-refundable.)

Father's Signature _____ Date _____

Mother's Signature _____ Date _____
(Both Signatures Required)

NON-DISCRIMINATORY STUDENT POLICY

Memorial Lutheran School admits students of any race, color, national, or ethnic origin to all the rights, 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 or ethnic origin in administration of its educational policies, tuition assistance programs and athletic and other school administered programs.