

Lutheran Central School
415 N. Elm Street, Brownstown, Indiana 47220
812-358-2512

Date of Registration _____

INSTRUCTIONS: PLEASE ANSWER ALL QUESTIONS BELOW, SIGN, AND RETURN THIS REGISTRATION FORM.

Appreciating the educational advantages offered by a Christian school, I/we hereby request that our child be enrolled as a pupil of Lutheran Central School.

Child's Name: _____ M ____ F ____ Age _____
 First Middle Last

Street Address: _____ City _____ Zip _____

Home Phone: _____ Email Address: _____

Entering Grade: _____ Ethnicity: _____ Date of Birth: _____

Date of Baptism: _____ Church where baptized: _____

Father

Name: _____ Cell Phone: _____ Work Phone: _____

Place of employment/Occupation: _____

Home Address of Father (if different): _____

Present Church Home: _____ Active: _____ Inactive: _____

Mother

Name: _____ Cell Phone: _____ Work Phone: _____

Place of employment/Occupation: _____

Home Address of Mother (if different): _____

Present Church Home: _____ Active: _____ Inactive: _____

Brothers and Sisters Please give name and birth date of each brother/sister of child being registered.

Name	Date of birth
_____	_____
_____	_____
_____	_____

OUR FAMILY WILL BE PAYING OUR REGISTRATION OF \$1,200.00 IN THE FOLLOWING MANNER. CHECKS MAY BE MADE PAYABLE TO LUTHERAN CENTRAL SCHOOL.

___ full payment is enclosed with the registration form

___ we will pay in two installments of \$600.00 per child on or before August 15, 2020 and January 15, 2021.

___ we will be paying in four installments of \$300.00 per child on or before August 15, 2020,
October 15, 2020, January 15, 2021, and March 15, 2021.

___ we will be paying in ten installments of \$120.00 per child on or before August 15, 2020, September 15, 2020,
October 15, 2020, November 15, 2020, December 15, 2020, January 15, 2021, February 15, 2021, March 15, 2021,
April 15, 2021, and May 15, 2021.

Please review any special needs that your child may have, including diet, behavior, medication, and any other needs that are pertinent to your child's health and academic success. All information is confidential.

Is your child on any form of medication? Yes _____ No _____
If yes, name of medication _____ Reason for medication _____

Your reasons for wishing to register your child at Lutheran Central School: _____

Answer the following questions only if your child is being transferred from another school.

School from which you intend to transfer: _____

Address of school (street, city, state, zip): _____

Grade last completed _____ When completed? Mo. _____ Yr. _____

In which grade do you wish your child to be enrolled in Lutheran Central: _____

Has your child repeated a Grade? Yes _____ No _____ (If yes, please explain below) _____

Estimate of work that your child is now doing (circle one):

Excellent Good Average Poor Failing

STUDENT LIVES WITH:

_____ Both parents _____ Mother & Stepfather _____ Father
_____ Mother _____ Father & Stepmother _____ Grandparents
_____ Guardian

If parents are divorced, custody was granted to: _____ joint _____ mother _____ father
(you may be asked to provide documentation)

The Mission of Lutheran Central School is to share the Good News of Jesus Christ, teach children, and assist parents in training children to be witnessing Christians and productive citizens.

We will provide Christian training based on Scripture and the Lutheran Doctrine of the Lutheran Church, Missouri Synod. As parents, if you are not a member of the Lutheran Church-Missouri Synod, it is required that you sign an agreement that you understand that Lutheran Doctrine will be taught to all students.

Lutheran Central School admits students of any race, color, national and ethnic origin to all 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 and ethnic origin in administration of its educational policies or athletic and other school-administered programs.

Signature of Parent: _____