



*Steve Schmeling, Pastor
Michelle Cambrice, Principal*

TUITION RATES 2019/2020 Preschool ~ 8th Grades

HOW MANY STUDENTS PER FAMILY	YEARLY	5% DISCOUNT * SEE BELOW	OVER 10 MONTHS
1 CHILD IN PreK- 8	\$ 4,200	\$3,990	\$420
2 CHILDREN IN PreK - 8	\$6,100	\$5,795	\$610
3 CHILDREN IN PreK - 8	\$7,400	\$7,030	\$740

Thank you to the members of Pilgrim Lutheran Church and other donors for their contributions in order to make Christian Education at Pilgrim Lutheran School affordable!

*** 5% discount if tuition is paid in full before September 5, 2019**

KEEP THIS SHEET FOR YOUR RECORDS.

“Educate the child in spiritual and secular matters, cooperatively with the family, in order to equip the child to be a productive citizen of God’s earthly and heavenly kingdoms.”



Steve Schmeling, Pastor
Michelle Cambrice, Principal

DATE:

REQUEST FOR TRANSFER OF RECORDS

Address of former school:

The following student(s) has (have) enrolled at Pilgrim Lutheran School. According to our information, this student (these students) previously attended your school.

Student's Name	DOB	Grade Entering	Home Address

In order that we may best serve this (these) student (s), we kindly request that you forward to us, at your earliest convenience, all cumulative information which might be useful to us. This should include scholastic records, health records, any educational testing data which you may have, and any other information pertinent to this (these) student(s).

Please send or email all records to pilgrimsandy@hotmail.com

Thank you for your help.

Sincerely,
Sandy Puterbaugh, Administrative Assistant

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PILGRIM LUTHERAN SCHOOL
3901 FIRST AVENUE SOUTH, MINNEAPOLIS, MN 55409
PHONE: 612-825-5375

<u>LAST NAME</u>	<u>STUDENT'S NAME</u> FIRST NAME	<u>MIDDLE NAME</u>	<u>STUDENT'S BIRTHPLACE</u> CITY	<u>STATE</u>	<u>SEX</u>	<u>STUDENT'S BIRTHDATE</u> MONTH DAY YEAR
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<u>STUDENT'S ADDRESS</u>	<u>ZIP CODE</u>	<u>E-MAIL ADDRESS</u>	<u>HOME PHONE</u>	<u>CELL NUMBER</u>
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STUDENT LIVES WITH (circle one)

Both parents Father Mother Mother & Stepfather Father & Stepmother Guardian Foster Parents Other Relative: _____

ETHNIC ORIGIN (circle all that apply)

African American Asian Caucasian Hispanic Native American other: _____

<u>FATHER'S NAME</u> LAST NAME FIRST NAME MIDDLE NAME	<u>MOTHER'S NAME</u> LAST NAME FIRST NAME MIDDLE NAME	<u>ADDRESS IF DIFFERENT FROM STUDENT</u> <u>ADDRESS IF DIFFERENT FROM STUDENT</u>
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SCHOOL MOST RECENTLY ATTENDED	NAME	ADDRESS	DATE LAST ATTENDED
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OTHER CHILDREN IN FAMILY	NAME	BIRTHDATE	SEX	SCHOOL ATTENDING

NAME OF CHURCH MEMBERSHIP:	IS STUDENT BAPTIZED (circle one) yes no
WORK PHONE NUMBERS ↓	EMERGENCY NUMBERS ↓
FATHER: NAME	DAYCARE ADDRESS PHONE NUMBER
MOTHER: NAME	PHONE NUMBER
SCHOOL YEAR ENTERED 2019/2020	GRADE ENTERED DATE OF WITHDRAWAL
	DATE OF GRADUATION

Academic Information

Has your child ever experienced problems in school in any of the following areas? (check any that apply and briefly explain)

- Social Adjustment _____
- Discipline _____
- Homework Completion _____
- Particular Academic Subject(s) _____

Has your child ever been diagnosed with any learning disabilities?

Yes No Comment: _____

Does your child have any physical condition which could affect school performance or limit participation in school activities?

Yes No Comment: _____

Has your child ever been promoted more than one grade in a year?

Yes No Comment: _____

Has your child ever been retained in a grade?

Yes No Comment: _____

General Information

Please describe any personal or academic strengths that will help us better understand your child.

Please explain your primary reason(s) for enrolling your child at Pilgrim Lutheran School.

1. We have read and agree to comply with all school policies as outlined in the Pilgrim Lutheran School Handbook.
2. We have read and agree to abide by the guidelines pertaining to tuition payments and other related fees.
3. We agree to supervise our child's homework and see to it that assignments are completed on a regular basis.
4. We give permission for our child to participate in all school activities, including field trips, unless we provide written notice to the contrary.
5. We authorize school personnel to secure emergency medical treatment for our child should he/she become seriously ill or injured and the parents cannot immediately be reached.
6. We agree to attend the Parent Orientation meetings in August.

Father: _____

Date: _____

Mother: _____

Date: _____

Submit Completed Enrollment Forms

- Either in school office, Monday through Friday, 8:00 a.m. – 3:30 p.m.
- OR via mail to Pilgrim Lutheran School, 3901 First Avenue South, Minneapolis, MN 55409 Or via Fax: 612-822-3239


AUTHORIZATION FOR DIRECT PAYMENT FORM

2019/2020 School Year

This program is mandatory unless you have paid your tuition in full.

The Direct Payment Plan will help you in several ways.

- ★ It saves time – fewer checks to write
- ★ Helps meet your commitment in a convenient and timely manner – even if you're on vacation or out of town.
- ★ No lost or misplaced statements, your payment is always on time
- ★ It saves on postage
- ★ It's easy to sign up for
- ★ No late charges

 If your child is riding the school bus, \$45 will be added to your bill starting in September

You authorize regularly scheduled payments to be made from your checking or savings account and attach a voided check to the form. Then sit back and relax. Your payments will be made automatically on the specified day. Proof of payment will appear with your bank statement.

The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization. If the amount of your payment changed, we will notify you at least 10 days before payment date.

The Direct Payment Plan is dependable, flexible, convenient and easy. Please complete the authorization, **attach a voided check**, and return it to Pilgrim Lutheran School.

I authorize Pilgrim Lutheran School to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford Pilgrim Lutheran School a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged.



(NAME OF FINANCIAL INSTITUTION) (BRANCH)

(CITY) (STATE) (ZIP CODE)

(SIGNATURE) (DATE)

(NAME -PLEASE PRINT)

(ADDRESS- PLEASE PRINT)

Financial Institution Routing Number _____
(between these symbols   on the bottom left of your check)

Account No. _____ Checking _____ or Savings _____

Choose the day of the month you would like funds to be taken out of your account

1st of the month

15th of the month

21st of the month



RETAIN FOR YOUR RECORDS

I have authorized Pilgrim Lutheran School 3901 First Ave. S. Minneapolis, MN 55409 to initiate electronic entries to my checking/savings account and have agreed to the terms listed on the authorization.

Payment amount \$ _____ On the day I have chosen _____ day of the month