

APPLICATION FOR RE-ADMISSION

2024 - 2025

SALEM LUTHERAN SCHOOL
5190 PARKER ROAD
FLORISSANT, MO 63033
(314) 741-8220

FOR OFFICE USE ONLY:

DATE RECEIVED _____ RECEIPT # _____ AMOUNT \$ _____
CURRENT DUE \$ _____
CHURCH _____

Fill out the paper application completely - please print neatly. Return to the school office with the \$250 non-refundable registration fee. \$175 if paid by March 1st. Make checks payable to Salem Lutheran School or pay by credit card in the office.

Contract of Enrollment

If accepted by Salem Lutheran School and with (my/our) payment of the appropriate application fee, please enroll (my/our) child/ren at Salem Lutheran School for the full school year subject to the rules and regulations of Salem Lutheran School as established by the faculty and approved by the Board of Christian Education and also subject to the written statements, rules, regulations, conditions, and financial terms contained in the Salem Lutheran School Parent/Student Handbook which is acknowledged to include the following:

1. The registration fee for each returning student is \$250.00 (\$175 if submitted by March 1st). The \$250/child and the application form must be returned by March 1st to secure your child's place at Salem. (Please make checks payable to Salem Lutheran School.)
2. Students are expected to be in their classrooms, seated, and ready to begin class at 8:25 a.m. The school day begins at 8:30. School doors open at 8:15 a.m. The school day ends at 3:30 p.m. Parents are expected to be prompt in picking up their child at the end of the day. Students arriving before 8:10 a.m. or staying after 3:45 p.m. will be placed in the **Extended Care Program** and their parents billed accordingly. If students are involved in after school activities they should leave school after the activity. If a student is absent for a day, parents are to call the school before 9:15 a.m. to inform the school of the reason for the absence.
3. If I cannot be contacted those people listed as "Emergency Contacts" are authorized to pick up my child during the school day.
4. We, the parent(s)/guardian(s) give permission to Salem Lutheran School to use pictures, videos, and directory information regarding our child(ren) as related to school sponsored events, activities, and special recognitions as authorized by The Family Educational Rights and Privacy Act. Release of student information by the school is done prudently and primarily to promote the accomplishments of our school and our students.
5. If in the opinion of a properly licensed and practicing physician, (my/our) (child/ward) need medical or surgical services which require (my/our) authorization or consent before being supplied and reasonable attempts have been made to contact the parents/guardians, (I/we) hereby authorize, appoint and empower Salem Lutheran School to act as (my/our) agent to furnish on (my/our) behalf such oral or written authorization as may be so required, and (I/we) release Salem Lutheran School from any liability which might arise from the giving by it of such authorization; it being (my/our) desire that (my/our) (child/ward) be furnished with such medical or surgical services as soon as reasonably possible after the need arises.

WE EXPECT THAT THE STUDENTS OF SALEM LUTHERAN SCHOOL WILL ABIDE BY THE RULES AND REGULATIONS OF THE SCHOOL AS ESTABLISHED BY THE FACULTY AND APPROVED BY THE BOARD OF CHRISTIAN EDUCATION AND SPELLED OUT IN THE HANDBOOK.

Realizing our need for God's continued grace and the importance of a consistent, Christian witness to our children, we will attend worship services faithfully, receive the Lord's Supper frequently, and study His Word regularly. We will also strive to practice those Christian attitudes and actions which we know reflect God's grace in our lives.

Date

Signature of Father/Legal Guardian

Signature of Mother/Legal Guardian

★APPLICATION IS INCOMPLETE WITHOUT SIGNATURE(S) AND REGISTRATION FEE ★