



Please complete and return this form and your Enrollment application to initiate the enrollment process.

NEW
STUDENTS

STUDENT (first and last names)	Grade in 2024-25
1)	
2)	
3)	
4)	
5)	

CONTACT INFORMATION		
Parents / Guardians (first and last names)		
Address		
City	State	Zip Code
Best Phone Number		
Best Email		

Line 1 Are you a member of St. Peter's Lutheran Church? **YES / NO**
[If YES, then go to Line 2. If NO, then go to Line 3.]

Line 2 Do you intend to pay the full church member tuition? **YES / NO**
[If YES, then go to Line 12. If NO, then go to Line 5.]

Line 3 If not St. Peter's Lutheran Church, what church do you attend? _____
[Leave blank if you do not have a church home. Go to Line 4.]

Line 4 Do you intend to pay the full community family tuition? **YES / NO**
[If YES, then go to Line 12. If NO, then go to Line 5.]

Line 5 Based on the chart below, what is your Income Level? _____
[To determine your Income Level, first look at the Household Size column. Then, move to the right on the chart and look at the various income levels. Circle your particular Income Level on the chart and write your Income Level on the line above.]

Income Limits by Household Size – Level Determination							
Household Size	Income Level 1	Income Level 2	Income Level 3	Income Level 4	Income Level 5	Income Level 6	Income Level 7
2	\$0 to \$36,482	\$36,483 to \$72,964	\$72,965 to \$109,446	\$109,447 to \$145,928	\$145,929 to \$182,410	\$182,411 to \$218,892	Greater than \$218,892
3	\$0 to \$45,991	\$45,992 to \$91,982	\$91,983 to \$137,973	\$137,974 to \$183,964	\$183,965 to \$229,955	\$229,956 to \$275,946	Greater than \$275,946
4	\$0 to \$55,500	\$55,501 to \$111,000	\$111,001 to \$166,500	\$166,501 to \$222,000	\$222,001 to \$277,500	\$277,501 to \$330,000	Greater than \$330,000
5	\$0 to \$65,009	\$65,010 to \$130,018	\$130,019 to \$195,027	\$195,028 to \$260,036	\$260,037 to \$325,045	\$325,046 to \$390,054	Greater than \$390,054
6	\$0 to \$74,518	\$74,519 to \$149,036	\$149,037 to \$223,554	\$223,555 to \$298,072	\$298,073 to \$372,590	\$372,591 to \$447,108	Greater than \$447,108
7	\$0 to \$84,027	\$84,028 to \$168,054	\$168,055 to \$252,081	\$252,082 to \$336,108	\$336,109 to \$420,135	\$420,136 to \$504,216	Greater than \$504,216
8	\$0 to \$93,536	\$93,537 to \$187,072	\$187,073 to \$280,608	\$280,609 to \$374,144	\$374,145 to \$467,680	\$467,681 to \$561,216	Greater than \$561,216

Line 6 Do you have an Income Level of 1, 2, 3, or 4? **YES / NO**
[If YES, then go to Line 7. If NO, then go to Line 12.]

Line 7 Do you receive any child support through a previous relationship? **YES / NO**
[If YES, how much do you receive per year? _____]

- Line 8** Do you receive any additional income not included in your 2023 Federal Tax Return? **YES / NO**
[If YES, how much do you receive per year? _____]
- Line 9** I understand that in order to receive financial aid through the state School Choice voucher program and Lutheran SGO, I must submit my 2023 Federal Tax Return. If my 2023 Federal Tax Return is not available at the time of application, I understand that I should submit my Federal Tax return as soon as it is available, or I will submit my 2023 W2s or a recent paystub. **YES / NO**
- Line 10** List ALL children under the age of 18 who reside in your house.

Name of Child Household Members (first name, last name)	Is this child included as a dependent on your Federal Tax Return? If NO, please provide an explanation in the space provided.
1)	YES / NO
2)	YES / NO
3)	YES / NO
4)	YES / NO
5)	YES / NO
6)	YES / NO

- Line 11** List ALL adults 18 years and older who reside in your house.

Name of Adult Household Members (first name, last name)	
1)	3)
2)	4)

- Line 12** I understand that a \$50 non-refundable per child Registration Fee is due within two weeks after my child’s acceptance.
YES / NO [This will be applied to your final tuition bill.]

- Line 13** Please indicate your plan to pay for tuition.

- _____ **I will pay in full by August 1, 2024.**
I understand that if full payment is not received by the first day of school, educational services will not be provided. If a child comes to school in this scenario, we will provide a safe, supervised space in the church office for the child to sit until a meeting with parents/guardians has been set up. Once a payment plan has been established, the child can attend class.
- _____ **I will pay half by August 1, 2024 and the other half by January 1, 2025.**
I understand that if half payment is not completed by the first day of school, educational services will not be provided. If a child comes to school in this scenario, we will provide a safe, supervised space in the church office for the child to sit until a meeting with parents/guardians has been set up. Once a payment plan has been established, the child can attend class.
- _____ **I will pay monthly through automatic withdrawal from my checking or savings account.**
Completing an Auto Withdrawal Form is required to initiate a monthly automatic withdrawal plan. This form will be mailed to you once your final tuition has been established. If the Auto Withdrawal Form is not completed by the first day of school, educational services will not be provided. If a child comes to school in this scenario, we will provide a safe, supervised space in the church office for the child to sit until a meeting with parents/guardians has been set up. Once the Auto Withdrawal Form has been completed, the child can attend class.

- Line 14** Required Signature

I certify that all of the provided information is true and complete as stated.

Printed Name

Date

Signed Name

If you have any questions about completing this form, please contact our Tuition Specialist, Jackie Arnholt, at JArnholt@stpeters-columbus.org, 812-372-5266 x2151 (Thursday / Friday only) .