ATONEMENT LUTHERAN SCHOOL
6500 Riverside Drive
Metairie, Louisiana 70003 www.alcs.org

2020-21 RE-ENROLLMENT / INFORMATION FORM

Name _____ 2020-21 Grade _____

___ I wish to re-enroll my child for the 2020-21 school year. (Please use a separate form for EACH child)

NOTE: The $150.00 re-enrollment fee (including Preschool) is payable with the filing of the reenrollment form.

* Please return this form no later than Tuesday, January 7th, 2020 to guarantee placement for 2020-21. *

PRESCHOOL SCHEDULE - 5 full days (3yr. & 4yr. old) _____
5 half days (3yr. old only) _____
3 full days (3yr. old only) _____ (M, W, F)

FAMILY INFORMATION UPDATE FOR RETURNING FAMILIES: Families can update all personal information, including health/medical/insurance at any time by logging into your Sycamore account.

EMERGENCY MEDICAL STATEMENT FOR RETURNING FAMILIES:

Should an accident or illness occur while my child is in attendance at school or participating in a school sponsored activity, which in the opinion of Atonement Lutheran School personnel requires immediate treatment AND school personnel cannot locate either parent, guardian, or emergency contact person, I authorize and empower the Principal (Douglas C. Molin) of Atonement Lutheran School or his designate to act in our stead. I authorize the school personnel to obtain the required medical services for the above-named child. I will assume financial responsibility for costs incurred in the treatment of my child.

Father's Signature: _____ Mother's Signature: _____

TUITION PAYMENT PLAN PREFERENCE FOR 2020-21: Atonement Member: _____

Preferred Payment Schedule: Plan 1 (annual, due by 7/1/2020) ____

Plan 2 (monthly, beginning 8/2020) ____

___ My child will NOT return to ALS for the 2020-21 school year. Please share reason.