St. Peter's Lutheran School ■ FINANCIAL INFORMATION FORM ■ 2025/2026 School Year

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

NEW STUDENTS

STUDENT (first and last names)	Grade in 2025-26	STUDENT (first and last names)	Grade in 2025-26
1)		4)	
2)		5)	
3)		6)	

INCOME LEVEL (based on chart below): _____

2024 Household Size and 2024 Income *(known or estimated)* = Income Level							
Household Size	**Income Level 1**	**Income Level 2**	**Income Level 3**	**Income Level 4**	**Income Level 5**	**Income Level 6**	**Income Level 7**
# of people living in your home	**ELIGIBLE FOR INDIANA SCHOOL CHOICE AND LUTHERAN SGO SCHOLARSHIPS**				**INELIGIBLE FOR SCHOLARSHIPS**		
2	$0 to $37,814	$37,815 to $75,628	$75,629 to $113,442	$113,443 to $151,256	$151,257 to $189,070	$189,071 to $226,884	Greater than $226,885
3	$0 to $47,767	$47,768 to $95,534	$95,535 to $143,301	$143,302 to $191,068	$191,069 to $238,835	$238,836 to $286,602	Greater than $286,603
4	$0 to $57,720	$57,721 to $115,440	$115,441 to $173,160	$173,161 to $230,880	$230,881 to $288,600	$288,601 to $346,320	Greater than $346,321
5	$0 to $67,673	$67,674 to $135,346	$135,347 to $203,019	$203,020 to $270,692	$270,693 to $338,365	$338,366 to $406,038	Greater than $406,039
6	$0 to $77,626	$77,627 to $155,252	$155,253 to $232,878	$232,879 to $310,504	$310,505 to $388,130	$388,131 to $465,756	Greater than $465,757
7	$0 to $87,579	$87,580 to $175,158	$175,159 to $262,737	$262,738 to $350,316	$350,317 to $437,895	$437,896 to $525,474	Greater than $525,475
8	$0 to $117,438	$117,439 to $234,876	$234,877 to $352,314	$352,315 to $469,752	$469,753 to $587,190	$587,191 to $704,628	Greater than $704,629

PRIMARY HOUSEHOLD INFORMATION (for Financial and/or Scholarship purposes):

FIRST ADULT parent ___ guardian ___ other___		
Name		
Address		
City	**State**	**Zip Code**
CELL:		
EMAIL:		

SECOND ADULT n/a___ parent ___ guardian ___ other___
Name
CELL:
EMAIL:

SCHOLARSHIP FAMILIES COMPLETE

ADDITIONAL ADULTS IN HOUSEHOLD including College Students	
1)	3)
2)	4)

SCHOLARSHIP FAMILIES COMPLETE

List ALL children in household	If child is NOT claimed on the 2024 Federal Tax Return, please explain why:
1)	
2)	
3)	
4)	
5)	
6)	

IF APPLICABLE: **ADDITIONAL INCOME RECEIVED IN 2024, NOT INCLUDED ON FEDERAL TAX RETURN: _____**
ie: 401k distribution, stock distribution, nontaxable income

AMOUNT OF CHILD SUPPORT RECEIVED IN 2024: _____

ALL FAMILIES COMPLETE

CHURCH MEMBERSHIP:

St. Peter's _____ Other LCMS: _____ Other: _____ None_____

PLEASE INDICATE TUITION PAYMENT PLAN*:

_____ I will PAY IN FULL by August 1, 2025. **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 50% by August 1, 2025 and 50% by January 1, 2026. **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 (ACH) 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.**

***If the Tuition Invoice is to be sent to two parents/guardians, please state percentage of split: _____ % Primary _____% Secondary**

Secondary Household Information:

Name: _____ Address: _____

Email: _____ Cell: _____

_____ I CERTIFY THAT ALL INFORMATION PROVIDED IS TRUE AS STATED.

_____ I HAVE ENCLOSED THE $50 NON-REFUNDABLE PER CHILD REGISTRATION FEE.

SCHOLARSHIP APPLICANTS:

_____ I WILL TURN IN A COPY OF MY 2024 FEDERAL TAX RETURN (TAX FORM 1040) OR 2024 W-2 or 1099 STATEMENTS FOR ALL ADULTS IN THE PRIMARY HOUSEHOLD FOR SCHOLARSHIP ELIGIBLITY ASAP AND BY MAY 1ST, 2025.

Check here if filing a Tax Extension: _____

_____ _____
Printed Name Date

_____
Signed Name

If you have any questions about completing this form, tuition costs, or communication regarding Federal Tax Return requirements, please contact our **Tuition Specialist, Jackie Arnholt, at JArnholt@stpeters-columbus.org, 812-372-5266 x2308**.