



ST. PETER'S LUTHERAN SCHOOL
TUITION FORM 2026-2027

STUDENT INFORMATION:

FIRST NAME, LAST NAME	Grade in 2026-27	FIRST NAME, LAST NAME	Grade in 2026-27
1)		4)	
2)		5)	
3)		6)	

PRIMARY HOUSEHOLD INFORMATION: [FOR SCHOLARSHIP APPLICATIONS]

PRIMARY PARENT / GUARDIAN
Name:
Address:
REQUIRED Email:
REQUIRED Cell #:

SPOUSE - PARENT / GUARDIAN - (if applicable)
Name:
REQUIRED Email:
REQUIRED Cell #:

- ONLY IF APPLICABLE -

DIVORCED FAMILIES - SECONDARY HOUSEHOLD INFORMATION: [FOR TUITION INVOICING]

SECONDARY PARENT / GUARDIAN
Name:
Address:
REQUIRED Email:
REQUIRED Cell #:

TUITION INVOICES - REQUIRED
_____ Tuition Costs are split 50 % Primary and 50 % Secondary
Other - Costs Split: _____ % Primary and _____ % Secondary

CHURCH MEMBERSHIP - **REQUIRED** please select one

☐ **St. Peter's Lutheran Church Member** - to be considered a member for tuition purposes, church membership must be established at the time of enrollment. Membership is verified and approved by SPLC Pastors for enrollment purposes.

☐ **Community Member** - for all others, please select this option.

Name of Church (if applicable): _____

☐ Tuition Support provided by our church.

TUITION PLAN - **REQUIRED** please select one

☐

PLAN A. FAMILIES - ELIGIBLE FOR IN LUTHERAN SGO SCHOLARSHIP (*please complete form BELOW)

In grateful response for the educational and spiritual opportunities my child receives at SPLS, our family elects to fund the stated cost of our child's education.

CHARGED TUITION	
St. Peter's Member	Community
\$900 / student	\$1,400 / student

INITIALS:

_____ 2025 Income Verification Requirement: I will turn in a copy of my 2025 Federal Tax Return (Form 1040) as soon as taxes are completed and no later than July 1st, 2026.

☐

PLAN B. FAMILIES - NOT ELIGIBLE FOR IN LUTHERAN SGO SCHOLARSHIP

In grateful response for the educational and spiritual opportunities my child receives at SPLS, our family elects to fund the stated cost of our child's education.

CHARGED TUITION	
St. Peter's Member	Community
\$3,150 / student	\$3,650 / student

INITIALS:

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

_____ I HAVE ENCLOSED THE \$75/CHILD NON-REFUNDABLE REGISTRATION FEE. **(CURRENT STUDENTS ONLY)**

Printed Name

Date

Signed Name

If you have any questions about completing this form, tuition costs, or required income verification requirements, please contact:

Jackie Arnholt | Tuition Specialist ♦ jarnholt@stpeters-columbus.org ♦ 812-372-5266 x2308

PLAN A. *IN LUTHERAN SGO SCHOLARSHIP FAMILIES – REQUIRED

ADDITIONAL ADULTS IN PRIMARY HOUSEHOLD including college students – first and last names	
1)	3)
2)	4)

LIST ALL CHILDREN UNDER AGE 18 IN HOUSEHOLD	If child is NOT claimed on the 2025 Federal Tax Return, please explain:
1)	
2)	
3)	
4)	
5)	
6)	