

700 Ardenlee Parkway
Peachtree City, GA 30269
Church: 770.487.0339
School: 770.486.3545
Fax: 770.692.6389
www.stpaulptc.org



Daniel Schepmann, *Senior Pastor*
dschepmann@stpaulptc.org
James K. Richards, *School Principal*
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Cory Smith, *Dir. of Youth Ministry*
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December 7, 2011

Dear Parents,

Grace, Mercy, and Peace to you and your family.

It is hard to believe that we are ready to start our re-enrollment process for 2012-2013 school year. The school year is rapidly going by. I pray you and your child have had a wonderful experience thus far. I also pray that your child is growing *spiritually, academically, physically, and emotionally*. On behalf of myself and entire staff we thank you for the privilege of partnering with you in the education of your child. We pray to continue that partnership going forward into the upcoming school year.

As we look to the future of St. Paul Lutheran School, there are several exciting opportunities and challenges we must all work on. We continue to stay focused on our goals of teaching about the love of Jesus Christ, offering additional extra-curricular and fine arts activities, providing opportunities for service, and constantly assessing and improving our curriculum and program. We also want to remain good stewards of the resources God has so richly blessed us with.

The costs of providing an excellent Christian education at St. Paul continue to rise. We are faced with the challenges of funding our needs and remaining affordable to our families. In order to make progress on our goals and to compensate our staff effectively, we are raising our tuition rates for 2012-2013. This increase will be roughly \$20.00 more dollars per month, depending on grade level. We understand, for some, it is very challenging to make the sacrifice of paying tuition. In addition, the book and supply fees have increased, across the board by \$5.00. If finances are causing you to struggle in your decision to re-enroll, please be aware that we have a very generous and substantial financial assistance program available. The rewards for investing in your child's education are immeasurable!

Please read through the re-enrollment documents and call me if you have any questions or concerns. Current school families, their siblings and church member families are given priority over any new families interested in enrolling in our school. We have been blessed to have several on our waiting list for the fall. That said, it is imperative that you return the attached documents and tuition deposits by the January 31st deadline, in order to retain your child's place.

In His Service,

A handwritten signature in black ink that reads "James K. Richards".

James K. Richards
Principal

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To: St. Paul Parents
 From: Mr. James K. Richards
 Re: Enrollment for 2012-2013

Greetings from St. Paul Lutheran School!

It is time to re-enroll your children for the 2012-2013 school session. **Priority for re-enrollment will be given to current school families and church families through the 31st of January.** The tuition and fee rates for 2012-2013 are included with this letter. To re-enroll your children for next year, return all completed forms and your check for **each child's non-refundable** enrollment fee in the amount of \$200.00. The enrollment fee will be applied to your 2012-2013 tuition.

Please complete page two of this document which contains billing information for your account. For those families electing to pay using *Simply Giving*, a form has been included for your convenience. In addition, if applicable, the 2012-2013 Student Information Form and Ins/Med forms must be completed and returned with your re-enrollment documents. **Your child(ren) will be considered re-enrolled and placed on the 2012-2013 enrollment roster upon completion and return of all forms and receipt of total re-enrollment deposits.**

-----RE-ENROLLMENT DEADLINE IS JANUARY 31, 2012.-----

_____ Enclosed is a \$200.00, PER CHILD, enrollment fee. (Paid by check # _____ Total Amount: _____)

Pre-K 3 Families, please circle one: Mon thru Fri Mon-Wed-Fri TU & TH
 (Priority will be given to Monday through Friday enrollment for PreK3)

Name _____ Grade (2012-2013) _____
 Name _____ Grade (2012-2013) _____
 Name _____ Grade (2012-2013) _____
 Name _____ Grade (2012-2013) _____
 Name _____ Grade (2012-2013) _____
 Name _____ Grade (2012-2013) _____

Please contact the school office to request an application for any new student from your family.

Parents Signature _____ Date _____

FOR OFFICE USE ONLY			
Enrollment Roster	_____	Tuition MOP	_____
Tuition & Fees Calc	_____	Deposit Amt.	_____
Phone Directory	_____	Check # _____	Cash _____
Youngest List	_____	SG Form Completed	_____
Outlook	_____	ACS Inv _____	Pymt _____
Student Info/Med/Ins	_____	ACS Tuition Billing	_____
Car Tag	_____		

2012-2013 Tuition Billing Information

For the _____ Family

Our family intends to pay for 2012-2013 tuition in the following manner.

Please check one:

_____ We will pay monthly (June through April) using Simply Giving (a completed enrollment contract and VOID check is attached).

_____ We will pay in one lump sum (due July 10, 2012).

_____ We will pay in two equal payments (due July 10th, 2012 and January 10, 2013).

_____ We have applied for financial aid at www.TAD's.com, and are uncertain, at this time, which of the above selections will be chosen. (REMINDER: Families must RE-APPLY for financial aid each school year. If you haven't already done so, please apply online. Tuition deposit required.)

2012-2013 TUITION AND FEES

ST. PAUL LUTHERAN SCHOOL
PEACHTREE CITY, GA

TUITION

Annual Rates

Mother's Morning Out (MMO)-(8:15a-11:15a) (Monday & Wednesday)	\$1,131.00
Pre-Kindergarten, Age 2 - Tuesday & Thursday (8:15 - 11:15 A.M.)	\$1,429.00
Pre-Kindergarten, Age 3 - Tuesday & Thursday (8:15 - 11:15 A.M.)	\$1,429.00
Pre-Kindergarten, Age 3 - M, W, & F (8:15-11:15 A.M.)	\$1,930.00
Pre-Kindergarten, Age 3 - M-F (8:15 - 11:15 A.M.)	\$2,774.00
Pre-Kindergarten, Age 4 - M-F (8:15 - 11:15 A.M.)	\$2,799.00
Kindergarten, Age 5 - Full Day	\$6,214.00
Grades 1 - 5	\$6,941.00
Grades 6-8	\$7,120.00

TUITION PAYMENT OPTION

#1- Our monthly tuition is collected by a third party agency called *Simply Giving* in 11 equal payments (June through April)

#2 - The tuition may be paid in two equal payments (July 10, 2012 and January 10, 2013); make payment to St. Paul Lutheran School

#3 - The tuition may be paid in one payment by July 10, 2013; make payment to St. Paul Lutheran School

(Tuition is non-refundable without a 60 day withdrawal notice.)

TUITION DEPOSIT - All grades - \$200.00

A tuition deposit is due at the time of re-enrollment and enrollment of siblings. In the case of withdrawal from St. Paul Lutheran School, this deposit will be NON-REFUNDABLE, unless the family moves 30 miles or more from St. Paul.

APPLICATION FEE—You paid this amount (\$150.00) at the time of your original application to the school. HOWEVER, for those students currently in Mother's Morning Out, entering PK2 for 2012-2013, a \$100.00 application WILL BE DUE with these re-enrollment documents. Application Fee does apply to new student (sibling) enrollment.

BOOK AND SUPPLY FEES - are non-refundable and are due by May 10, 2012 (or at time of enrollment if enrolling after 5-10-2012).

Pre-Kindergarten	\$ 205.00
Kindergarten - Grade 5	\$ 400.00
Grades 6 - 8	\$ 425.00

The following
"Student Information Form & Medical
Insurance Form" must be completed for
each family.

The "Simply Giving Contract" must be
completed by those families electing to
pay monthly.

Please be sure to include a VOID check,
counter check OR deposit slip. Your bank
account and routing number must be
shown on the document.

PLEASE COMPLETE BOTH SIDES OF THIS FORM AND PRINT LEGIBLY

**ST PAUL LUTHERAN SCHOOL
2012-2013 STUDENT INFORMATION FORM**

***PLEASE PRINT STUDENT'S LAST NAME, FIRST NAME, MIDDLE INITIAL**

Student 1 _____ Grade _____ DOB _____ Sex _____ Age _____
Student 2 _____ Grade _____ DOB _____ Sex _____ Age _____
Student 3 _____ Grade _____ DOB _____ Sex _____ Age _____
Student 4 _____ Grade _____ DOB _____ Sex _____ Age _____
Student 5 _____ Grade _____ DOB _____ Sex _____ Age _____
Student 6 _____ Grade _____ DOB _____ Sex _____ Age _____
Street Address _____
City _____ State _____ Zip _____ Home Phone # _____

Mother's Name _____ Cell Phone # _____
Mother's Email Address: _____
Only list address and home phone number if different from above OR note "same as above"
Street Address _____
City _____ **State** _____ **Zip** _____ **Home Phone #** _____
Employer _____ Occupation _____
Work Phone # _____ Alternate Work Phone # _____

Father's Name _____ Cell Phone # _____
Father's Email Address: _____
Only list address and home phone number if different from above OR note "same as above"
Street Address _____
City _____ **State** _____ **Zip** _____ **Home Phone #** _____
Employer _____ Occupation _____
Work Phone # _____

Student(s) resides with: (please circle one) Both Parents Mother Father
Other (please explain): _____
Please note any other special circumstances pertaining to your child's custody. _____

PLEASE COMPLETE BOTH SIDES OF THIS FORM AND PRINT LEGIBLY

EMERGENCY CONTACTS: (THOSE WHO MAY BE CONTACTED WHEN A PARENT/GUARDIAN CANNOT BE REACHED .
These individuals are authorized to pick up your child when they are ill.)

Name _____	Relationship _____
Phone # _____	Cell # _____
Name _____	Relationship _____
Phone # _____	Cell # _____
Name _____	Relationship _____
Phone # _____	Cell # _____

MY CHILD MAY BE RELEASED FOR TEMPORARY CUSTODY to any person listed below
(friends, family, parents of your child's friends, car pool parents).

Name _____	Relationship _____
Phone # _____	Cell # _____
Name _____	Relationship _____
Phone # _____	Cell # _____
Name _____	Relationship _____
Phone # _____	Cell # _____

My child's (or children's) physician is _____
Phone # _____

PLEASE LIST EACH CHILD BY NAME AND NOTE "NONE" IF APPLICABLE.
THIS PORTION OF THE FORM MUST BE COMPLETED AS NOTED ABOVE TO MEET DHR REQUIRE-
MENTS.

My child (_____) has the following SPECIAL NEEDS _____

My child (_____) has the following SPECIAL NEEDS _____

My child (_____) has the following SPECIAL NEEDS _____

**My child (or children) is currently on medication prescribed for long term continuous use and or
have the following PRE-EXISTING ILLNESSES, ALLERGIES OR HEALTH CONCERNS**

(_____) _____

(_____) _____

(_____) _____

Parent/Guardian Signature: _____ **Date:** _____

Print Name: _____

St. Paul Lutheran School
Emergency Medical Authorization
And
Verification of Insurance Coverage

I understand that St. Paul Lutheran School does not provide student accident insurance for families to purchase. I verify that my family has sufficient medical coverage for my child/children in the event of an accident at school that would require medical attention. Should my child/children:

Student 1 _____, _____ suffer an accident or illness
(child's first and last name) (date of birth)

Student 2 _____, _____ suffer an accident or illness
(child's first and last name) (date of birth)

Student 3 _____, _____ suffer an accident or illness
(child's first and last name) (date of birth)

Student 4 _____, _____ suffer an accident or illness
(child's first and last name) (date of birth)

Student 5 _____, _____ suffer an accident or illness
(child's first and last name) (date of birth)

Student 6 _____, _____ suffer an accident or illness
(child's first and last name) (date of birth)

While in the care of St. Paul Lutheran School and the school is unable to contact me immediately, it shall be authorized to secure such medical attention for my child (or children) as may be necessary. I agree to keep the school informed of any changes in telephone/cell numbers, etc where I may be reached. The school agrees to keep me informed of any incidents requiring professional medical attention involving my child/children.

Our insurance information is as follows: (If policy numbers are different for each child, please list them individually. If they are all insured under the same policy it is not necessary to list each child).

Health Insurance Company Name: _____

Policy Number: _____ Phone Number: _____

Student 1 Health Insurance Co. Name/ Policy Number/ Phone Number:

Student 2 Health Insurance Co. Name/ Policy Number/ Phone Number:

Student 3 Health Insurance Co. Name/ Policy Number/ Phone Number:

Student 4 Health Insurance Co. Name/ Policy Number/ Phone Number:

Student 5 Health Insurance Co. Name/ Policy Number/ Phone Number:

Student 6 Health Insurance Co. Name/ Policy Number/ Phone Number:

Parent/Guardian Signature: _____ **Date:** _____
Print Name: _____

AUTHORIZATION FORM



FOR OFFICE USE ONLY	STUDENT #:	DATE:
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St. Paul Lutheran School

Effective date of authorization: ____/____/____ Name of Student: _____

Type of Authorization Form: New Authorization Change banking information
 Change payment amount Discontinue electronic payment
 Change payment date

Last Name	First Name
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Address

City	State	Zip
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Please debit payments from my (check one): <input type="checkbox"/> Checking Account (attach a voided check below) <input type="checkbox"/> Savings Account (contact your financial institution for Routing #)	Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i> Account Number: _____
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Tuition Payment Plan:
 11Month Plan (June – April)

Date of first payment: ____/____/____ Date of last payment (optional): ____/____/____	Date of monthly payment: <input type="checkbox"/> Monthly on the 10 th <input type="checkbox"/> Monthly on the 20 th	Amount of first payment: \$ _____ Amount of ongoing payment: \$ _____ Amount of last payment (optional): \$ _____ <ul style="list-style-type: none"> In order to complete this box, please refer to fee schedule below
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AGREEMENT

I authorize the above school and Vanco Services, LLC to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized Signature: _____ Date: _____

Please attach voided check here.

SIMPLY GIVING MONTHLY TUITION 2012-2013

(based on 11 payments and taking into account that the \$200.00 tuition deposit has been received)

	1st Payment	Ongoing Payment	Last Payment
MMO	\$84.60	\$84.64	\$84.64
PK2	\$111.70	\$111.73	\$111.73
PK3-2 day	\$111.70	\$111.73	\$111.73
PK3-3 day	\$157.20	\$157.28	\$157.28
PK3-5 day	\$234.00	\$234.00	\$234.00
PK4	\$236.20	\$236.28	\$236.28
Kindergarten	\$546.70	\$546.73	\$546.73
1st-5th	\$612.80	\$612.82	\$612.82
6th -8th	\$629.10	\$629.09	\$629.09



ENROLLMENT APPLICATION TO BE COMPLETED FOR SIBLINGS NOT CURRENTLY ENROLLED AT ST. PAUL. ALL REQUIRED DOCUMENTS (SEE NEXT PAGE) MUST BE SUBMITTED WITH APPLICATION FEE & 2012-13 TUITION DEPOSIT.

Enrollment Application

Application is being made for the school year 20__ - 20__

Application is for the following grade level:

- Mother's Morning Out
- Pre-Kindergarten, Age 2
- Pre-Kindergarten, Age 3 2 Day 3 Day 5 Day
- Pre-Kindergarten, Age 4
- Kindergarten Grade 3 Grade 6
- Grade 1 Grade 4 Grade 7
- Grade 2 Grade 5 Grade 8

Name of Child _____ Female Male

Date of Birth _____ Child's Social Security # _____

Please complete for the adults with whom this child lives:

Name _____ Relationship to Child _____

Street Address _____ Home Phone # _____

City _____, Georgia Zip _____ Which County? _____

Place of Employment _____

Position _____ Business Phone (_____) _____

Cell Phone (_____) _____ E-mail Address _____

Name _____ Relationship to Child _____

Street Address _____ Home Phone # _____

City _____, Georgia Zip _____ Which County? _____

Place of Employment _____

Position _____ Business Phone (_____) _____

Cell Phone (_____) _____ E-mail Address _____

Tuition will be paid in the following manner (please check one):

- We will pay in full upon acceptance.
- We will pay in two equal payments (due July 15th & January 15th) (not applicable to late enrollment).
- We will pay monthly through automatic withdrawal from our checking/savings account (3rd party collection agency – *Simply Giving*).

If someone other than a parent is responsible for tuition payments, please provide information below:

Name _____ Phone Number (_____) _____

Street Address _____

City _____ State _____ Zip _____

E-mail Address _____

Name and address of your child's previous or current school:

Please list the names and birth dates of this child's siblings:

Name _____ Birth date _____

Name _____ Birth date _____

Name _____ Birth date _____

Please explain any special needs your child may have (physical, academic, emotional, etc.): _____

How can St. Paul Lutheran School benefit your child and family? _____

Please give us a brief history of your families' religious background. _____

How did you become aware of St. Paul Lutheran School? _____

Would you like to learn more about what Lutheran Christians believe and teach? Yes No

Do you and your child participate in church worship services regularly? Yes No

If yes, where? _____

Pastor's name _____

Has your child been baptized? No Yes, Date: _____

If no, may we talk with you about having your child baptized? Yes No

Would you like more information about St. Paul Lutheran Church and the ministries it supports?

Yes No

Please Enclose With Application:

\$150.00 non-refundable application fee payable to St. Paul Lutheran School

(\$50 for Mother's Morning Out)

A copy of your child's birth certificate

A copy of your child's current immunization records (Georgia Form 3231)

A copy of your child's most recent eye, ear and dental exam form (Georgia Form 3300)

A copy of your child's most recent report card (applies to students entering K - 8th grade)

A copy of your child's most recent achievement test scores

(applies to students entering 1st – 8th grade)

A copy of any psychological or educational testing report

Two recommendation forms from your child's present school

(applies to students entering K – 8th grade)

Signature of Parent/Guardian _____

Date _____

FOR OFFICE USE ONLY:

Date Received _____

Application Fee \$ _____ Tuition Deposit \$ _____

St. Paul Lutheran School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students. The school does not discriminate on the basis of race, color or ethnic origin in the administration of educational policies, admissions policies or school administered programs.