



LAKE REGION CHRISTIAN SCHOOL

Application Process

- _____ At least one parent and enrolling child must interview with the principal.
- _____ Submit a completed application with a non-refundable application fee of **\$100/family** to the LRCS Business Office. **Be sure to sign the tuition fee/payment schedule and the *Statement of Cooperation* form within this application.**
- _____ The enrollment process is considered complete after the above has been satisfied **and** the following items are received in the LRCS Business Office:
 - _____ Official transcript from previous school (1st -12th grade only)
 - _____ Complete immunization records (K5-12th)
(K3-K4 desired, but not mandatory.)

*It would be our pleasure to assist you with any questions you might have in the enrollment process.
Please feel free to give the school office a call at (218) 828-1226.*

Lake Region Christian School
7398 Fairview Road, Baxter, MN 56425
Office: (218) 828-1226 Fax: (218) 828-1643 www.LakeRegionChristianSchool.com

2012 - 2013 Application

Date of Application: _____

1. CONTACT INFORMATION

(Contact information is placed within our automated messaging system. This system is used to contact families for emergencies, cancellations, updates, etc...Please be thorough and complete as you provide this information. Check boxes next to the phone numbers and email addresses that you wish to have placed within the messaging system. If no boxes are checked, all information will be submitted.)

Father's Last Name	First	Place of Employment
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Father's Cell Phone <input type="checkbox"/>	Home Phone <input type="checkbox"/>	Work Phone
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Father's Address (if different from family address) City	State	Zip	County
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Mother's Last Name	First	Place of Employment
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Mother's Cell Phone <input type="checkbox"/>	Home Phone <input type="checkbox"/>	Work Phone
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Mother's Address (if different from family address) City	State	Zip	County
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Father's Email <input type="checkbox"/>	Mother's Email <input type="checkbox"/>
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Guardians Name (If applicable)	Cell Phone	Home Phone
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*Family Address	City	State	Zip	County
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*Student resides with: _____

Marital Status: Single Parent____ Married____ Widowed____ Divorced____ Separated____

*School District # _____ (if living outside ISD 181) Please check all that apply concerning transportation to/from school:
___ ISD 181 bus ___ Walk or ride bike ___ Student or parent drives ___ Car pool (with whom)_____

Family Physician	Church Attending
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Maternal Grandparents	Phone
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Paternal Grandparents	Phone
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***Secondary contact** (Parent/guardian would be notified first), in case of an emergency, notify: Name/ Relationship

Cell Phone	Work Phone	Home Phone
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For your child's safety, we will only release them to you or persons that you designate below:

Name	Phone	Relationship
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Name	Phone	Relationship
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Name	Phone	Relationship
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4. TUITION SCHEDULE

Welcome to Lake Region Christian School! We look forward to partnering with you to provide the best education possible for your child (ren) for the 2012-2013 school year. The timeline below should help answer some questions that you might have regarding tuition and fee payments.

LRCS receives its funding from tuition, fees, fundraisers, and donations, not from state or federal funds. We have monthly commitments, such as salaries, health insurance and curriculum, that we are obligated to pay, therefore, it is important that all tuition and fees be paid when due.

By July 1:.....**Curriculum fee (Pre-school and K5 through 12th grade)**

By August 1:.....The first **Tuition** payment is due.

(The tuition for the year may be **divided by ten months**, with the **payments due before the first of each month, August through May**. If you want smaller monthly payments let the office know that you prefer to divide the payments over 11 or 12 months. If you have any questions please contact the financial office.)

By Sept. 1:.....The **Technology fee** is due. (**1st grade through 12th grade**)

.....The first semester **Elective fee** is due. (**5th grade through 12th grade**)

.....The **Leadership Camp fee** is due. (**11th grade and 12th grade**)

By January 16:....The second semester **Elective fee** is due. (**5th grade through 12th grade**)

By March 1:.....The **Kindergarten graduation fee** is due. (**K5**)

.....The **Senior class graduation fee** is due. (**12th grade**)

By May 1:.....The **Activity fee** is due. (**1st grade through 12th grade**)

(There may be some fundraisers during the year, which may be able to help pay this fee.)

* You may pay with cash, check, or credit card. You may also enroll in the direct payment plan, where every month we automatically deduct the tuition amount from your bank account; the first withdrawal would be on July 31, 2012, for the August 1 payment.

* If an account falls more than two months behind, you will be contacted to establish a payment plan or a meeting with the school board will be scheduled. The board reserves the option of having the child withdrawn, if financial obligations are not met. If any tuition or fees are unpaid at the completion of the school term or there is an early withdrawal, report cards and other records will not be issued until the debt is paid. No student may attend class the next school year if an account is in arrears, unless, a payment plan has been approved by the school board and payments are being made.

* Past due accounts may be given to an outside source to be collected.

I have read and understand the tuition and fee payment plan and agree to the terms.

Signatures of people (person) responsible for the account

Date

Printed Name

Printed Name

(Please return to the school office.)

5. LRCS STATEMENT OF COOPERATION

Student Name(s) _____

Grade(s) Entering _____

1. Parents will pay tuition as stated on the LRCS Tuition Schedule. All transcripts and final report cards will be held until the account is paid in full.
2. We support the aims and ideals of the school and will bring all questions and criticism directly to the administration so that they may be properly considered by those in authority.
3. The faculty and administration are hereby given full discretion in the disciplining of enrolled students. This would include the issuing of after-school detentions or suspensions. After-school detention may be used for various offenses and transportation will be the parents' responsibility. Parents will be notified in advance of the detention.
4. The administration reserves the right to dismiss any student who does not cooperate with the educational process. LRCS students are expected to abide by the standards and policies of our school both on and off campus.
5. Students new to LRCS and those returning after a withdrawal are accepted on a probationary basis for the first nine weeks of attendance.
6. **I grant permission** for my child(ren) to attend **all field trips**, and hereby absolve the school from liability to me or my child(ren) because of any injury to my child(ren) during any school activity while on a field trip. Information will be sent home for each trip, but a signature will not be required. If you do not want to give permission for a specific field trip, a note should be sent to your child(ren)'s teacher at that time.
7. **I grant permission** for my child(ren) to take part in school activities, including sports and school-sponsored trips and absolve the school from liability to me or my child(ren) because of any injury to my child(ren) at school or during any school activity. In case of an accident or serious illness, I request that the school contact me. If the school is unable to reach me, I hereby authorize the school to seek medical treatment for my child(ren). I realize that my medical insurance would provide the primary coverage, with the school's accident insurance providing supplemental coverage.
8. **I grant permission** for my child(ren)'s images/pictures to be used on the LRCS website, and to be released to the Brainerd daily Dispatch for the LRCS School Pages, etc...
 Yes, my child(ren)'s image may be used in LRCS publications.
 No, my child(ren)'s image may not be used in LRCS publications.
9. **I grant permission** for the school office to release medical information to my child(ren)'s teachers.
10. I have read in its entirety, the LRCS STATEMENT OF COOPERATION and the LRCS STUDENT HANDBOOK (The LRCS Handbook is available on-line, if needed.) and am in full agreement as so stated.

Parent/Guardian Signature

Date