

**DIVINE GRACE LUTHERAN
 Grades K-8 & YOUNG FIVES
 SCHOOL REGISTRATION for 2017 - 2018**

Names of Parents/Guardians *Today's Date*

Address

City *State* *Zip*

Area Code *Phone* *School District in which you live*

Cell phone number (with texting capabilities) for emergency notifications: _____

E-Mail Address: _____

If in the Lake Orion District, will your child(ren) need bussing? (please circle one) **Yes** **No**

Names of Children Registering for School	New Student	Grade Next Year	Birth date
1. _____	yes / no	_____	_____
2. _____	yes / no	_____	_____
3. _____	yes / no	_____	_____
4. _____	yes / no	_____	_____

Total Registration Fee for Grades K-8 and Young Fives: \$100 per student

A minimum of \$100 per student is required with this form, when submitted prior to Registration Sunday. This payment is your commitment to attend DGLS. Refunds of this payment will be subject to approval of the Lutheran Elementary School Board on an individual basis.

Total registration fee owed for the upcoming school year:

Registration for each student = \$100.00

of children: ____ x \$100 = Total \$ _____

Total Paying Now (\$100 per student required) \$ _____

Checks are made payable to: ***Divine Grace Lutheran School***

* Tuition families are also subject to the guidelines explained on the current tuition schedule as determined by the Lutheran Elementary School Board of Divine Grace. Member tuition will be expected to be paid in full by Registration Sunday.

This Box for Office Use Only:

Registration Total	\$ _____	
Amount Paid	\$ _____	Receipt # _____ Date: _____
Balance Remaining	\$ _____	
Outstanding Balance Paid	\$ _____	Receipt # _____ Date: _____