

Re-enrollment Form - Page 2

Student Name _____

FAMILY INFORMATION: *Please fill out to CHANGE information only.*

→ Other/Guardian's Name _____ Phone _____
Last First Middle

Address _____
(If different from Student)

Church Membership _____ Email _____
(Used for school communication)

Employer _____ Work Phone _____

Occupation _____ Cell Phone _____

PLEASE UPDATE MEDICAL/EMERGENCY CONTACT INFORMATION:

Family Doctor _____ Phone _____

Emergency Contacts in case parents are not available:

1. Name _____ Home Phone _____

Relationship to Student _____ Cell Phone _____

2. Name _____ Home Phone _____

Relationship to Student _____ Cell Phone _____

TUITION PLAN SELECTION:

Rate Category _____ Association Rate _____ Non-Association Rate

(Association rates apply to members of these congregations: Concordia/ Granite City, Faith/ Godfrey, Good Shepherd/ Collinsville, Holy Cross/ Collinsville, St. James/ Glen Carbon, St. John/ Maryville, St. Paul/ Hamel, St. Paul/ Wood River, St. Peter/ Prairietown, Trinity/ Edwardsville, Trinity/ Worden, and Zion/ Bethalto.)

Payment Plan _____ Annual Prepay (By Jan. 15) _____ Annual (After Jan. 15)

_____ Semester (July/Dec) _____ 10 Months (July-April)

_____ 12 Months (June-May—may require administrative approval.)

I/We abide by the school's policies and regulations, and as parent/guardian or responsible party, agree to pay all tuition/fees due for the attendance of this student at Metro-East Lutheran High School. If any collection activity is necessary to collect any unpaid tuition and fees, litigation expenses and legal fees will also be collectible.

Student's Signature _____ Date _____

Parent's Signature _____ Date _____

Parent's Signature _____ Date _____