

Immanuel-St. James Lutheran School Kindergarten-8th Grade Tuition Contract 2010/2011

Home Address:
Parent/Guardian _____

Address _____

City _____ Zip _____

Phone: Home _____

Email _____

Bill To:
Name: _____

Address _____

City _____ Zip _____

Father's Name _____

Mother's Name _____

PAYMENT OF FEES:

At the time of enrollment, a \$57 per family non-refundable deposit is required.

\$200 **Discount** for each additional child per family

Tuition is payable in one of the following manners:

_____ In full, on or before July 20. (3% discount)

_____ In two installments, due on July 20 and December 20.

_____ In 10 monthly installments, due on the twentieth of each month July through April.

Tuition: (Grades 1—8)

\$1,920 per child (rate for member of Immanuel or St. James Lutheran congregations)

\$2,810 per child (non-member rate)

Tuition: (Kindergarten)

5-1/2 day sessions: Member \$1,390
Non-Member \$2,210

5-full day session: Member \$1,920
Non-Member \$2,810

Book/Tech. Fees: Paid by the following dates:
March 20: \$150.00 May 20: \$200.00
April 20: \$175.00 June or later: \$225.00

Members of _____ Church

Denomination _____

Withdrawal Procedure:
If tuition has been paid in full and student withdraws by:
August 15: 90% refund shall be made
September 15: 70% refund shall be made
October 15: 50% refund shall be made
If a student withdraws after October 15, no refund shall be made.
Month by month tuition is non-refundable. Tuition will be billed 30 school days from written notification to ISJ.

*A \$10 late fee will be charged monthly if the payment is not received in the school office by ten days following the due date.

*Any checks returned for NSF (Non-Sufficient Funds) will be charged a \$25.00 fee.

*All enrollment forms and payments made by check or money order may be brought to the school office or mailed to:

Immanuel-St. James Lutheran School
2066 Oakwood Ave. NE
Grand Rapids, MI 49505

Office Use Only

Date of registration _____
Time of registration _____
Amount paid _____ Check # _____

PLEASE COMPLETE THE FOLLOWING:

Student Name	Student Date of Birth	Male [√]	Female [√]	Grade entering in fall
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Immanuel-St. James Lutheran School admits students of any race, color, national or ethnic origin. All students are entitled to the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in the administration of its policies, admission policies, scholarship program, athletic and other school-administered programs.

DECLARATION OF PARENTS

We have read and understand the tuition contract and payment policy of Immanuel-St. James Lutheran School. With this understanding, we wish to enroll our child(ren) _____ for the 2010/2011 school year.

Signature of Parent(s)

Date