

2024-2025 Student Application and Registration Form

Christ Lutheran School
32312 122nd Ave.
Columbus, NE 68601
(402) 564-3531

Website: christcolumbusschool.org
Email: christ1871@frontiernet.net
Head Teacher: Kathy Petersen
Miss Petersen's Email:
clsadmin@christlutheran.esu7.org

Today's date _____

NOTE: Applications will not be accepted without a copy of immunization record and a copy of a valid birth certificate.

Parent/Guardian Information

Primary Caregiver:			
Last Name _____		First Name(s) _____	
Mailing Address:			
_____	_____	_____	_____
Street Address	City	State	Zip Code
Primary phone number: _____		Secondary phone number: _____	
Work phone number: _____		Work phone number: _____	
Email address: _____			
Relationship to the child _____			

Secondary Caregiver:			
Last Name _____		First Name(s) _____	
Mailing Address:			
_____	_____	_____	_____
Street Address	City	State	Zip Code
Primary Phone Number _____		Secondary Phone Number _____	
Work phone number: _____		Work phone number: _____	
Email address: _____			
Relationship to the child _____			

Christ Lutheran School - Student Information

(Please fill out one per child)

Child:

Student's full legal name _____

Student's preferred name _____ Entering Grade _____

Date of Birth _____ Gender (circle one) male female

Religious affiliation (if none, state none): _____

Name of church currently attend (if none, state none): _____

If baptized, date of baptism (month & day only for celebrating baptism birthdays) _____

Race (mark all that apply)

White ___ African American ___ Hispanic ___ Native American ___ Asian/Pacific Islander ___

Preschool student only:

_____ My child entering Preschool is potty-trained.

_____ Parent signature

If your child(ren) is/are **new** to Christ Lutheran School, answer the questions below:

List the name of the schools your child/children previously attended in order of the most recent listed first:

_____	_____	_____	_____
School Name	Years Attended	Phone Number	
_____	_____	_____	_____
Street Address	City	State	Zip Code

_____	_____	_____	_____
School Name	Years Attended	Phone Number	
_____	_____	_____	_____
Street Address	City	State	Zip Code

_____	_____	_____	_____
School Name	Years Attended	Phone Number	
_____	_____	_____	_____
Street Address	City	State	Zip Code

Records Release:

I hereby give Christ Lutheran School permission to contact previous schools in order to obtain school records.

Signature: _____

Date _____

Emergency Contact Information

(Please fill out one per child)

In case of an emergency, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician or dentist listed below to make whatever arrangements seem necessary.

Authorized parent signature/ guardian: _____

If both parents are unavailable, who can the school contact?

Last name _____ First Name _____

Relationship to the child _____

Primary phone number _____ Secondary phone number _____

Family doctor _____ Phone _____

Street Address _____ City _____ State _____ Zip Code _____

Family dentist _____ Phone _____

Street Address _____ City _____ State _____ Zip Code _____

Known allergies: _____

Known chronic health issues (asthma, diabetes, etc.) _____

If both parents/guardians are unavailable, who can the school contact?

Last Name _____ First Name _____

Relationship to the child _____

Primary Phone Number _____ Secondary Phone Number _____

Last Name _____ First Name _____

Relationship to the child _____

Primary Phone Number _____ Secondary Phone Number _____

Christ Lutheran School Financial Agreement 2024-2025

Preschool:

Tuition for Preschool = one session is 3.5 hours of instruction

- 2 sessions per week (morning or afternoon) = \$75 per month
- 3 sessions per week (morning or afternoon) = \$100 per month
- 4 sessions per week (any combo) = \$125 per month

Preschool Session Sign up: Please check each sessions you wish to have your child attend each week. **You may select any combination of mornings or afternoon sessions, but not two sessions for the same day.**

Mornings: _____ Tues. _____ Wed. _____ Thurs.
Afternoons: _____ Mon. _____ Tues. _____ Wed. _____ Thurs.

K-8th Grade:

Tuition for K-8:

Member Tuition for K-8 per student = \$1,150 Additional child = \$870
Non-member tuition for K-8 = \$1,600 per student Additional child - \$1,200

Tuition Payment:

The Board of Education encourages families to discuss payment options for annual tuition and the use of the Christ Lutheran Scholarship fund and other resources.

- _____ - Automatic payments will be made online via Church Center (due the first of each month August-May). Monthly amount: \$ _____
- _____ - Pay by check/debit or credit card each month. All tuition/fees are due by the first of the month.
- _____ - Pay by check/debit or credit card quarterly. The tuition/fees payment are due by the first of the month for each quarter (August, October, January, March).
- _____ - Pay by check/debit or credit card for the year. Tuition/fees are due by August 1st.
- _____ - I am applying for financial assistance through the Christ Lutheran Scholarship fund (Preschool-8th). I will turn in my form by May 1st.
- _____ - I am applying for financial aid through the Children's Scholarship Fund of Omaha (K-8th only). I will provide a copy of my application to the Christ Lutheran School by August 30th.
- _____ - I am applying for financial aid through the Opportunity Scholarship of Nebraska Program. I will provide a copy of my application to the Christ Lutheran School by August 30th.

If for some reason, I cannot pay tuition on time, I will contact the office before the payment is due. I will also arrange for a payment plan.

Signature: _____ Date _____

Parent/Guardian Signature

I certify that all of the above information is true and correct. Any deliberate misrepresentation the information will result in the child being withdrawn from the school.

Signature: _____ Date: _____