



Parental Agreement

Payment Plan:

- Ten Month Plan (July – April)
- Bi-yearly Plan (July 1st – January 1st)

Full Year Payment July 1st

Full Year Tuition _____

Payment Amount _____

Fees: Enrollment _____
(due at time of enrollment)

Supply _____
(due May 1st through FACTS)

FACT Management \$50 per family
(due at time of enrollment)

Activity Account _____
(due August 1st through FACTS)

No reductions are made for vacations or school holidays, family emergencies, or illness. Tuition payments are to be made by due date, per policy, to insure the child's continued enrollment. All accounts must be paid in full before report cards or transcripts will be issued.

Person responsible for payment: _____

Address: _____

I. Parent/Teacher Conferences

Attendance of parents at our Parent/Teacher Conferences by at least one parent is required. This is a time to inform the parents of what the students are learning and to work together so they can better assist their children in the learning process.

II. Fundraising

I agree to participate in the school fund raisers which are used to help supplement the general operating expenses and/or pay for special projects for the school.

III. Activities

I give permission for my child to use all of the play equipment and participate in all of the activities of the school unless restrictions are given in writing.

IV. School Directory

I DO DO NOT GIVE AUTHORIZATION FOR OUR NAMES, ADDRESSES, PHONE NUMBERS AND E-MAILS TO BE PUBLISHED IN CLASSROOM/SCHOOL DIRECTORIES.

V. Transportation Permission

I give permission for the school to transport my child on field trips and any other school-related activities needing transportation.

VI. Notice of Withdrawal

I agree that if I choose to withdraw my child either before the school year begins or during the school year, I will give two weeks notice in writing. I understand that if I withdraw my child, my tuition will be pro-rated from the day of the withdrawal based on the amount of tuition paid or owed. The Enrollment and Material/Supply Fees are non-refundable. Any overpayment on the account will first be applied to any outstanding charges (extended care, hot lunch, library, etc.). Any remaining refund will be sent to the responsible party within thirty days of withdrawal.

VII. Discipline

I understand that sending my children to Immanuel Lutheran Christian Academy is a privilege and not a right. The school administration and faculty view the importance of maintaining discipline in the classroom paramount in providing an atmosphere conducive to teaching and learning. The school's goals are not to reform, but to train students in the principles of Christian leadership, self-discipline, responsibility, integrity and good citizenship. I also believe that discipline is necessary for the welfare of both the students and the school. Therefore, I give support to the ILCA Administration's and faculty's right to make and enforce classroom regulations and school policies in a manner consistent with Christian principles of love and accountability.

VIII. Probationary Enrollment

I understand that my child is enrolled on a probationary basis for one semester per school policy.

I understand that Immanuel Lutheran Christian Academy is an extension of me, the parent, and I pledge my prayerful support to the school administration and faculty. I will make every effort to work with the school personnel to insure the best possible learning experience for my child. I will get my child to school on time and will provide proper rest and nutrition for him/her.

This Parental Agreement will be effective for as long as my child is enrolled at Immanuel Lutheran Christian Academy, whether it be in the classroom, before or after school care or any activities. I have read and do understand the above agreement and request that my child be enrolled in Immanuel Lutheran Christian Academy.

Student's Name _____ Grade _____

Father or Guardian's Signature _____ Date _____

Mother or Guardian's Signature _____ Date _____