



Line 2

Please complete and return this form and your Enrollment application to initiate the enrollment process.

NEW STUDENTS

[All Guiding Principles will be followed.]

STUDENT (first and last names)	2023-24	CON	TACT INFORMATIO	N
1)	Pare	ents / Guardians (first	and last names)	
2)	Add	ress		
3)	City		State	Zip Code
4)	Best	t Phone Number	,	1
5)	Best	t Email		
Line 1 Are you a member of St. Peter's Luth [If YES, then go to Line 2. If NO, then go		s / NO		

[If YES, then go to Line 12. If NO, then go to Line 5.]

Line 3 If not St. Peter's Lutheran Church, what church do you attend?

YES / NO

[Leave blank if you do not have a church home. Go to Line 4.]

Do you intend to pay the full church member tuition?

Line 4 Do you intend to pay the full community family tuition? YES / NO [All Guiding Principles will be followed.] [If YES, then go to Line 12. If NO, then go to Line 5.]

Line 5 Based on the chart below, what is your Income Level?

[To determine your Income Level, first look at the Household Size column. Then, move to the right on the chart and look at the various income levels. Circle your particular Income Level on the chart and write your Income Level on the line above.]

Income Limits by Household Size – Level Determination							
Household	Income Level						
Size	1	2	3	4	5	6	7
2	\$0 to	\$33,873 to	\$67,747 to	\$101,620 to	\$135,493 to	\$169,367 to	Greater than
2	\$33,873	\$67,747	\$101,620	\$135,493	\$169,367	\$203,240	\$203,240
3	\$0 to	\$42,605 to	\$85,211 to	\$127,816 to	\$170,421 to	\$213,027 to	Greater than
3	\$42,605	\$85,211	\$127,816	\$170,421	\$213,027	\$255,632	\$255,632
4	\$0 to	\$51,337 to	\$102,139 to	\$154,012 to	\$205,349 to	\$256,687 to	Greater than
4	\$51,337	\$102,675	\$154,012	\$205,349	\$256,687	\$308,024	\$308,024
5	\$0 to	\$60,069 to	\$120,139 to	\$180,208 to	\$240,277 to	\$300,347 to	Greater than
5	\$60,069	\$120,139	\$180,208	\$240,277	\$300,347	\$360,416	\$360,416
6	\$0 to	\$68,801 to	\$137,603 to	\$206,404 to	\$275,205 to	\$344,007 to	Greater than
O	\$68,801	\$137,603	\$206,404	\$275,205	\$344,007	\$412,808	\$412,808
7	\$0 to	\$77,533 to	\$155,067 to	\$232,600 to	\$310,133 to	\$387,667 to	Greater than
,	\$77,533	\$155,067	\$232,600	\$310,133	\$387,667	\$465,200	\$465,200
8	\$0 to	\$86,265 to	\$172,531 to	\$258,796 to	\$345,061 to	\$431,327 to	Greater than
٥	\$86,265	\$172,531	\$258,796	\$345,061	\$431,327	\$517,592	\$517,592

Line 6	Do you have an Income Level of 1, 2, or 3?			NC
	[If YES, then go to Line 7. If NO, then go to Line 12.]			

Line 7 Do you receive any child support through a previous relationship? YES / NC [If YES, how much do you receive per year? ______]

Line 8	Do you receive any additional income not [If YES, how much do you receive per year?	-				
Line 9						
Line 10	List ALL children under the age of 18 who	reside in your ho	use.			
	e of Child Household Members and last names)		included as a dependent on your Federal Tax Return? If NO, please explanation in the space provided.			
1)		YES / NO				
2)		YES / NO	YES / NO			
3)		YES / NO	YES / NO			
4)		YES / NO				
5)		YES / NO				
6)		YES / NO				
	e of Adult Household Members (first	and last names)				
1)			3)			
2)			4)			
	Please indicate your plan to pay for tuition I will pay in full by August 1, 2023. I understand that if full payment is not recesschool in this scenario, we will provide a sa	n. eived by the first da ife, supervised spac	nt Fee is due within two weeks after my child's acceptance. YES / NO [This will be applied to your final tuition bill.] By of school, educational services will not be provided. If a child comes to be in the church office for the child to sit until a meeting with parents/guardians.			
	has been set up. Once a payment plan has	,				
		mpleted by the first life, supervised space	t day of school, educational services will not be provided. If a child comes to be in the church office for the child to sit until a meeting with parents/guardians			
	final tuition has been established. If the Au provided. If a child comes to school in this	quired to initiate a uto Withdrawal For scenario, we will p	checking or savings account. monthly automatic withdrawal plan. This form will be mailed to you once your m is not completed by the first day of school, educational services will not be rovide a safe, supervised space in the church office for the child to sit until a uto Withdrawal Form has been completed, the child can attend class.			
Line 14	Required Signature					
l certify	that all of the provided information is true	and complete as	stated.			
Printed	Name		 Date			
Signed I	Name					

If you have any questions about completing this form, please contact our Director of Development, Scott Schumacher, at sschumacher@stpeters-columbus.org, 812-372-1571 x2140, or 812-344-4724. Mr. Schumacher would be more than willing to meet with you.