

Date Returned	_____
Directory Updated	_____
Medical Procedure Updated	_____
Financial Aid Form Mailed	_____
Church Mbship Verified	_____
Course Selections Entered	_____

**VALLEY LUTHERAN HIGH SCHOOL
RE-REGISTRATION FORM**

The \$100 registration fee will be waived if the re-registration is fully completed before April 1

Student's Name _____ Phone _____

Address _____ City _____ Zip Code _____

Father's Work Phone _____ Parent's E-Mail _____

Mother's Work Phone _____

Other Responsible Adult – Name _____ Phone _____

STUDENT DIRECTORY AND INFORMATION RELEASE

From time to time directory information is released. This includes the publication of the student directory as well as releases to the media for publication (honor roll, student awards, etc.) Students may be photographed while participating in school activities. Such images may appear in news articles, and school publications, such as yearbook and school brochures. If you do not want directory information released, please contact the school office for further information.

MEDICAL PROCEDURES

____ You may give my child Tylenol/aspirin upon request.

____ My child has permission to self-administer medication that has been prescribed for her/him. I will send the permission form as found in the Student Handbook.

____ Please dispense prescription medication to my child as needed. I will keep the school informed regarding medications that have been prescribed for my child. I will send the permission form as found in the Student Handbook.

FINANCES

Tuition must be paid on time. Credit for courses taken will be granted only if tuition and fees are fully paid. Students with past due accounts will not receive school records, grades or transcripts. Parent/guardian agrees that tuition will not be listed in bankruptcy proceedings. If your account should go delinquent, all costs we incur to collect this debt will be your responsibility. These costs include, but may not be limited to, late charges, collection agency fees, and court costs. Students may be removed from classes if tuition is in arrears.

Students who withdraw or are removed from the student body during the school year are responsible for the full tuition for any quarter that they attended in whole or in part.

____ Please send me a financial aid form.

CHURCH MEMBERSHIP VERIFICATION

(Only to be completed by students holding membership in the congregations of the Lutheran Church-Missouri Synod)

This student qualifies for the tuition rates established for members of our congregation.

Pastor's Signature

Congregation

PARENT'S CERTIFICATION

I certify that all of the class information on reverse side is accurate. I also understand that my signature below indicates acceptance of the statements regarding payment of tuition, student directory and information release listed above.

Parent's Signature

Date

Parent's Signature

Date

