

**Concordia Jr./Sr. High School**  
~Sylmar Campus ~  
13570 Eldridge Ave., Sylmar, CA 91342  
(818)362-5861 www.concordiahigh.com

**Re-enrollment Form**

**Student Information**

Last Name \_\_\_\_\_ Current Grade Level \_\_\_\_\_ Applying to Grade \_\_\_\_\_  
First Name \_\_\_\_\_  
Middle Name \_\_\_\_\_ Preferred Name \_\_\_\_\_ M F  
Street Address \_\_\_\_\_  
City, State, & Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Student Email \_\_\_\_\_

**Please update only  
information THAT HAS CHANGED in the last year.  
Then continue to the next page.**

**Information Regarding Parents/Guardians with whom student lives:**

Student Lives With:  Both Parents  Mother  Father  Other \_\_\_\_\_

Relationship to Student: <input type="checkbox"/> Father <input type="checkbox"/> Step-Father <input type="checkbox"/> Legal Guardian	Last Name _____ First Name _____
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Title:  Mr.  Rev.  Dr.  Other \_\_\_\_\_ Middle Name \_\_\_\_\_

Teachers should contact this person:  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup> Preferred Name \_\_\_\_\_

Work Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Social Security Number \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

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Relationship to Student: <input type="checkbox"/> Mother <input type="checkbox"/> Step-Mother <input type="checkbox"/> Legal Guardian	Last Name _____ First Name _____
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Title:  Mrs.  Ms.  Rev.  Dr.  Other \_\_\_\_\_ Middle Name \_\_\_\_\_

Teachers should contact this person:  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup> Preferred Name \_\_\_\_\_

Work Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Social Security Number \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

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**Information Regarding Natural Parent, if NOT the same as those listed on other side:**

Relationship To Student  Father  Mother

Title:  Mr.  Mrs.  Ms.  Rev.  Dr.  
 Other \_\_\_\_\_

Teachers should contact this person:  
 1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  Do not contact

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Preferred Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, & Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

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**Siblings in the Concordia Schools: (To apply family tuition rates)**

\_\_\_\_\_  
First and Last Name Campus Current Grade

\_\_\_\_\_  
First and Last Name Campus Current Grade

\_\_\_\_\_  
First and Last Name Campus Current Grade

\_\_\_\_\_  
First and Last Name Campus Current Grade

\_\_\_\_\_  
First and Last Name Campus Current Grade

\_\_\_\_\_  
First and Last Name Campus Current Grade

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Some families may want or need Concordia Schools to have the name of another person such as a grandparent, or a tutor to receive our communications. Please use the space below for their information.

**Additional Adult Phone and Address**

Last Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

First Name \_\_\_\_\_ Title:  Mr.  Mrs.  Ms.  Rev.  Dr.  
 Other \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, & Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

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## Additional Information

**Have you changed church membership? If so, please provide us with the current information.**

Church Membership (name & full address) \_\_\_\_\_

\_\_\_\_\_ Name of Pastor \_\_\_\_\_

Are you, as parents/guardians, interested in learning about the Lutheran Church? Yes \_\_\_ No \_\_\_

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Phone numbers are sometimes made available to other parents to network our student body. If you are opposed to making your number available, please advise us.

Various means of sharing the good news of Concordia Schools are utilized throughout the year such as brochures, videos, newsletters, etc.

I give Concordia Schools permission to use my student's picture for promotional purposes without my prior consent

Yes  No

I give Concordia Schools permission to use my student's name for the purpose of describing a picture in newsletters

Yes  No

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

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## Parent Responsibility

We herewith concur with this application for our student and agree to accept all school regulations now in effect and as may be adopted or amended. We understand that the application fee is non-refundable. We will support the school in Christian training in every way possible in order to assure the best success of our student at Concordia Schools. We certify that all statements made above are correct, accurate, and complete.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## Student Responsibility

I desire to receive a Christian education. I promise to do my best in obedience to rules, in working to my potential, and in living a Christian life.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## Financial Responsibility

Upon completion of the reenrollment procedures, I promise to pay Concordia Schools the full yearly tuition as set forth in the tuition statement mailed to the person responsible for payment. \_\_\_\_\_ (Initial) Members of an association congregation may be eligible for the reduction in tuition based upon the association pastor's recommendation.

A 4% discount is given on the yearly tuition if paid in full by July 1<sup>st</sup>. A 2.5% discount will be given on the yearly tuition if paid in full by the first day of classes.

A ten or eleven month payment plan is available with payments due the 1<sup>st</sup> of each month beginning July 1<sup>st</sup> or August 1<sup>st</sup>, respectively with the final payment due on May 1<sup>st</sup>. A finance charge is assessed on the 6<sup>th</sup> day of each month for delinquent tuition. Any returned checks will have a fee assessed.

Please choose a tuition payment plan:

- \_\_\_\_\_ 1. Payment in full by **July 1<sup>st</sup>** and receive a 4% discount.
- \_\_\_\_\_ 2. Payment in full by the **first day of classes** and receive a 2.5% discount.
- \_\_\_\_\_ 3. Ten equal payments beginning **August 1<sup>st</sup>**
- \_\_\_\_\_ 4. Eleven equal payments beginning **July 1<sup>st</sup>**

We are in agreement with Concordia Schools that no records of marks, courses, or credit shall be released until all tuition and other charges are paid in full.

**Please note that all parties responsible for payment must fill-out and sign this portion.**

Print Name(s) or Person(s) Responsible for Payment: \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_