

Unity Lutheran Christian Elementary School

A Mission Outreach of the Southern Illinois District – LCMS.

REGISTRATION FORM 2026-2026

Parent/ Guardian's Name: _____
First Middle Last

Parent/ Guardian's Name: _____
First Middle Last

Address: _____
Street City State Zip

Phone: _____ Email: _____
Home Cell

FULL NAME OF CHILD (include middle)	SOCIAL SECURITY #	GRADE ENTER-ING	DATE/PLACE OF BIRTH	DATE/PLACE BAPTIZED

LAST SCHOOL CHILD ATTENDED _____

CHILD LIVES WITH _____ MOTHER _____ FATHER _____ BOTH _____ GUARDIAN

CHURCH MEMBERSHIP _____
Name of Church Location

DOES YOUR CHILD HAVE ANY LEARNING OR BEHAVIOR DISABILITIES? _____ YES _____ NO
IF YES WHAT ARE THEY: _____

HAS YOUR CHILD EVER BEEN EVALUATED FOR SPECIAL EDUCATION? _____ YES _____ NO
IF YES DO THEY HAVE AN IEP _____

REGISTRATION FEE: \$200 PER CHILD; \$175 PER CHILD BEFORE JUNE 1 (non-refundable)
TUITION FEE: SLIDING SCALE, BASED ON INCOME. **FINANCIAL AID AVAILABLE.**
ALL INCOMING STUDENTS MUST TAKE AN ENTRANCE EXAMINATION AND ARE SUBJECT TO A
TWO-WEEK PROBATION PERIOD. ENROLLMENT WILL BE FINALIZED WITH THE TEACHER AT
THAT TIME.

PARENT SIGNATURE _____

Notice of Non-Discriminatory Policy

Unity Lutheran Christian Elementary School admits students of any gender, race, age, color, or national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of gender, race, age, color, or national and ethnic origin in administration of its educational policies, admissions policies, scholarship, and athletic administered programs.

For Office Only:

Registration fee paid: Amount: _____ Date _____

Monthly Tuition: Amount: _____ Paid: _____ Date: _____

Submitted: _____ Birth Certificate _____ Health Records _____ Financial Aid Application
_____ Emergency Form _____ Request for Records