



ANCHOR Lutheran School

8100 Arctic Blvd., Anchorage, Alaska 99518 (907)522-3636 www.ALSalaska.org

Homeschool Partnership Program Registration

STUDENT'S Last Name _____ First _____ Middle _____

Nickname _____ Gender: M F Grade Level: K 1 2 3 4 5 6 7 8

Student Home Address: _____
No. & Street Address

_____ City _____ Zip Code

Home Phone: _____ Place of Birth: _____ Date of Birth: _____

Is Child Baptized? Y N If yes, date: _____

Church Now Attending: _____ Name of Pastor: _____

Parents' Status Married Separated Divorced Single Parent Other: _____

Student Lives With Both Parents Mother only Father only Joint Custody
 Mother & Stepfather Father & Stepmother Other: _____

Is child legally adopted? Y N

Names and ages of siblings living in the home: _____

Names and relation to child of other adults living in the home: _____

MOTHER'S Last Name _____ First Name _____ Living? Y N

Residential Address (if different from child) _____

Mailing Address (if different from residential) _____

Cell Phone _____ E-mail Address _____

Work Phone (if applicable) _____ Occupation _____

Home Phone (if different from child) _____

If Divorced and applicable, Current Spouse's Name _____

FATHER'S Last Name _____ First Name _____ Living? Y N

Residential Address (if different from child) _____

Mailing Address (if different from residential) _____

Cell Phone _____ E-mail Address _____

Work Phone (if applicable) _____ Occupation _____

Home Phone (if different from child) _____

If Divorced and applicable, Current Spouse's Name _____

If there is information of which the school should be made aware concerning an individual who is not to be in contact with or picking up your child (i.e. custody issues), please indicate that information here, and attach legal documentation: Name: _____
 Relationship: _____ Reason: _____

Emergency contacts and those authorized to pick up your child (beyond parents) will be submitted on a separate form.

PLEASE COMPLETE THE QUESTIONS BELOW

How did you learn about our school? (List as many ways as applicable.) _____

Does your child have any physical challenges (allergies, handicaps, etc.)? Y N If yes, explain fully: _____

Describe your child's social skills and his/her ability to relate to other children and adults: _____

PROGRAM SELECTION

Please select the programs and payment plan desired:

Programs Available	Annual Fee	9 Monthly Payments
Art (once per week)	<input type="checkbox"/> \$300	<input type="checkbox"/> \$35
Music/Choir (twice per week)	<input type="checkbox"/> \$450	<input type="checkbox"/> \$55
Physical Education (twice per week)	<input type="checkbox"/> \$450	<input type="checkbox"/> \$55
4th-8th Grade Band (once per week)	<input type="checkbox"/> \$300	<input type="checkbox"/> \$35

Registration Fee: \$55 per student.

Registering in any of these programs also includes your child in the opportunity to attend applicable class field trips, school assemblies, class parties, and school extracurricular activities. Extra fees apply to some of these activities.

I/we agree to pay any amounts owing, including late payment charges for past due accounts, in the amounts as specified by the school. I/we understand that **monthly fees are due prior to or on the first day of each month**. Accounts not paid in full by the **15th** of each month are considered past due and will be assessed a late fee of \$25 per month until the past due amount is paid. Miscellaneous fees (field trips, athletics, etc.) will be billed as accrued.

Please initial to acknowledge and accept each of the statements below:

- ◆ Anchor Lutheran School welcomes all applicants and admits students of any gender, race, color, national and ethnic origin, age, or handicap to all rights, privileges, programs and activities accorded or made available to students at our school. We do not discriminate on the basis of gender, color, race, national and ethnic origin, age, or handicap in the administration of our educational policies, scholarship and financial aid programs, or athletic and other school-administered programs. _____ (Parent Initials).
- ◆ The Alaska Office of Children's Services has the authority to interview children or staff, and to inspect and audit child or childcare records, without prior consent. _____ (Parent Initials).
- ◆ Consent is given to ALS to use images/video of my child for release to the newspaper for stories about the school, for other media releases, posting on bulletin boards, school promotional purposes, etc. _____ (Parent Initials).

Parent Signature _____ Date _____