



**LUTHERAN ASSOCIATION FOR SPECIAL EDUCATION (LASE)
LEARNING CENTER (JEREMIAH PROGRAM)**

ENROLLMENT PROCEDURES - 2011-2012

Thank you for your interest in the LASE Learning Center. It is a unique program for teens with special learning needs who desire to learn and grow in a caring Christian community. We look forward to receiving your application.

1. **Sign and return the Parental Responsibilities form with the Application for Admission.** You must agree to all the items to be considered for enrollment and both parents, if applicable, must sign.
 - a. Include the \$250.00 non-refundable enrollment fee with the application.
 - b. Be sure to check your preferred tuition payment option on the application.

2. **Three Release of Information forms are included.** Please complete and sign a form for each of the following records (if applicable). Return the Release of Information forms with this application to the LASE office.
 - a. Psychological/Educational Evaluation: for most recent re/evaluation
 - b. Cumulative School Records and Most Recent IEP: for all school records and special education records
 - c. Other Medical or Psychological Records: For a student with an Other Health Impaired (OHI), Emotionally Disturbed (ED), or other diagnosis that is pertinent to the student's education. Request is for confirmation of medical or psychological diagnosis and for any information that would assist the teacher in providing an appropriate educational program.

3. **Scholarship Application:** This form must be submitted by April 18, 2011 to be considered for financial aid.

4. **Transition Interest Inventory:** After you sign the Release of Information form for your child's current school, we will mail your child's current special education teacher a Transition Interest Inventory to complete.

INDIVIDUAL EDUCATION PLAN (IEP) - Date of current IEP: _____

School/Agency responsible for current IEP: _____

Educational Diagnosis: _____

Schools: Please list the schools in order of attendance, listing the current school first. Please complete and sign the attached **Release of Information** request for the school most recently attended. Return the **Release of Information** form with this application and LASE will request records.

School: _____ Dates of Attendance: _____

Grade(s): _____ Reason for Withdrawal: _____

Complete Address of School: _____

Phone: _____ Principal: _____

Special Education Teacher(s): _____

School: _____ Dates of Attendance: _____

Grade(s): _____ Reason for Withdrawal: _____

Complete Address of School: _____

Phone: _____ Principal: _____

Special Education Teacher(s): _____

School: _____ Dates of Attendance: _____

Grade(s): _____ Reason for Withdrawal: _____

Complete Address of School: _____

Phone: _____ Principal: _____

Special Education Teacher(s): _____

HEALTH - Please list any serious illnesses your child has had and/or any current health conditions that we need to be aware of:

IMMUNIZATIONS: Provide dates. Please also provide this information to Lutheran High School-St. Charles.

DPT/Td 1) _____ 2) _____ 3) _____ Booster _____

Oral Polio 1) _____ 2) _____ 3) _____ Booster _____

HepB 1) _____ 2) _____ 3) _____

Measles/Mumps/Rubella _____ Booster _____

Doctor's Name _____ Office Phone _____

Preferred Hospital _____ Hospital Phone _____

Emergency Contact (someone who does not reside at the student's home):

Name _____ Relationship _____

Home Phone _____ Business or cell phone _____

Student's Medical Insurance carrier: _____

Group Number _____ Policy or ID number _____ Policy carried by mother or father?
(circle one)

Dental insurance company: _____

Group Number _____ Policy or ID number _____ Policy carried by mother or father?
(circle one)

COMMENT: Please explain why you are choosing to enroll your child with Lutheran Association for Special Education:

NOTICE OF NON-DISCRIMINATION POLICY AS TO STUDENTS

Lutheran Association for Special Education admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students in the program. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies and athletic and other school administrated programs.

PLEASE CHECK:

- 1. Member of Lutheran High School of St. Charles Association Lutheran Congregation
- 2. Member of the Community (Non-LHSSC Association Congregation Member)

(If you are in doubt, please call LHSSC to see if your congregation supports the LHSSC high school association.)

TUITION PAYMENT OPTIONS for LHSSC Association Members

-- Please check one:

\$13,585 - Full payment at one time, due in August.

\$13,628 - Quarterly payments of \$3,407 due in August, October, January, March

\$13,700 - Ten monthly payments of \$1,370 due August-May.

\$13,740 - Twelve monthly payments of \$1,145 due June-May.

TUITION PAYMENT OPTIONS for community members (non-association members)

-- Please check one:

\$14,090 – Full payment at one time, due in August.

\$14,132 – Quarterly payments of \$3,533 due in August, October, January, March.

\$14,200 – Ten monthly payments of \$1,420 due August-May.

\$14,244 – Twelve monthly payments of \$1,187 due June-May.

A \$250.00 non-refundable enrollment fee must accompany the application form.

SIGNATURES:

Date

Mother (or legal guardian)

Date

Father (or legal guardian)

Person responsible for billing: _____