

LUTHERAN ASSOCIATION FOR SPECIAL EDUCATION
3558 S. Jefferson Avenue
St. Louis, Missouri 63118
(314) 268-1234

PARENTAL RESPONSIBILITIES
2009-2010 School Year

We, the parent(s)/guardian(s) of _____ subscribe to all of the following:

1. To pay the annual tuition fee less any grants received on behalf of my child.
Regular payments should be sent to the office by the 1st of the month. A \$20.00 late charge will be assessed after the 10th of the month;
2. To permit my child to participate in all extra-curricular activities sponsored by Lutheran Association for Special Education or the host school;
3. To grant permission to use any photograph of my child for the purpose of public relations and/or to promote the program of Lutheran Association for Special Education;
4. To support the objectives and philosophy of Lutheran Association for Special Education;
5. To support the personnel at Lutheran Association for Special Education in their endeavors in providing a program designed for my child, i.e. to be present for IEP writing and be available for consultation as requested by staff;
6. To abide by the policies of the school hosting a Lutheran Association for Special Education classroom;
7. To participate, if mandated by the Board of Directors, in educational programs developed to address our special needs and/or those of my child;
8. To grant permission to have my name, my child's name, address, and telephone number released for printing a student roster for the host school and Lutheran Association for Special Education.

Signed

Mother

Father

Date

2009-02-27

Date