

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

**PARENTAL RESPONSIBILITIES**  
**2011-2012 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 and/or video tape 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

2011-01-07

\_\_\_\_\_  
Date